

Employee Performance and Development Plan: Is it Working?

Barbara A. Thomas

South Carolina Department of Health and Environmental Control

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Problem Statement:

The Department of Health and Environmental Control (DHEC) implemented an Employee Performance and Development Plan (EPDP) policy (Appendix A), manual (Appendix B) and form in 2004 (Appendix C). A few key reasons that highlight the importance of the agency's EPDP are: 1) that providing continuous development of a competent and diverse workforce is one of the DHEC's strategic goals (Appendix D); 2) various aspects of the EPDP are included in the Agency's performance measures (Appendix E); and 3) the fact that one of the agency's values (Appendix F) is a commitment to supporting employees as the most important resource and to accomplish the agency's mission (Appendix G). Additionally, the International Public Management Association-Human Resources (IPMA-HR) 2008 Benchmarking Survey Performance Management concluded that from a theoretical perspective, performance appraisals can provide a framework for communicating expectations, giving performance feedback, and focusing effort on organizational priorities: while from a practical perspective, performance appraisals can help organizations make and justify personnel decisions and signal that the organization is serious about performance and accountability.¹

To date, the EPDP process has not been evaluated to determine whether progress has been made toward the initial objectives. In addition to the name change, hallmarks of the initial objectives developed for the EPDP were that the EPDP would provide the following:

¹ Lawson and Associates, IPMA Benchmarking Report 2008 Performance Management, p.7

- Part I: Performance Plan and Feedback

Section A: a means for supervisors to plan, evaluate, and give feedback as it relates to employee performance.

Section B: Agency Values rated the same as job duties and given a 10% weight of the appraisal.

Section C: Performance Characteristics rated the same as job duties and given a 10% weight of the appraisal.

- a scoring scale from 1.00 to 5.00
- five performance rating categories
- Part III: Future Training and Development with an emphasis placed on training and development
- Part IV: Organizational Structure with an opportunity for the employee to provide input on organizational support and discuss career goals in the process.

Since the EPDP process has not been evaluated for effectiveness, a critical next step would be to conduct such an evaluation. Therefore the purpose of this project is to develop a methodology and criteria to evaluate the EPDP process and whether progress has been made toward the initial objectives. At the same time, DHEC Region 2 encompasses five counties and currently has over 400 supervisors and employees who participate in the EPDP process. Thus, focusing on DHEC Region 2 for this project will provide meaningful information and methodology which will be of value not only to DHEC Region 2 and DHEC as an agency, but could be transferred to other agencies.

More recently, DHEC Region 2 developed a Workforce Development Plan (Appendix H) and implemented the Individual Assessment and Planning Tool (IAPT) during 2007 as

a workforce development planning tool (Appendix I). This project provides a good opportunity to also evaluate the use of the IAPT.

Data Collection:

The different types of data collection used to evaluate the EPDP process for this project included both verbal and written feedback from DHEC Region 2 employees and supervisors that currently participate in the EPDP process, and a review of completed EPDP evaluations. Data collection methods used were the information obtained from three focus groups, a survey administered to all DHEC Region 2 employees via Survey Monkey, and review of a random sample of completed EPDP evaluations.

The first data collection method involved meeting with three different focus groups to obtain their feedback as relates to the EPDP process. One focus group met on August 26, 2008, and two additional focus groups met on September 26, 2008. A total of eighteen volunteers participated in the three focus groups with representation from all levels of staff in DHEC Region 2 which included employees, personnel, supervisors, managers, and Region Leadership Team (RLT). Each focus group session began with a brief history of the EPDP followed by open-ended questions (Appendix J) for discussion. The goal for meeting with the focus groups was to obtain participants' perspective from their experiences with the EPDP process and help identify any outstanding issues. EPDP items discussed included:

- Performance Evaluation
- Values
- Performance Characteristics
- Point System

- Rating Categories
- Training and Development
- Employee Input
- Additional Comments

A second data collection method used was an electronic survey sent to all DHEC Region 2 employees, supervisors and RLT which provided an opportunity for written feedback from 403 employees. The goal for administering the survey was to help determine the perspective from a larger group of employees regarding the EPDP process and whether progress has been made toward the initial objectives of the EPDP. The feedback could also provide justification if revisions are necessary to the current EPDP process. The survey was sent on November 17, 2008, and participants were given one week to return the completed survey. The survey contained 13 questions (Appendix K), and each question focused on one clear element of the EPDP in the form of a statement with strongly disagree, disagree, neutral, agree, and strongly agree as answer options for 11 of the 13 questions. The survey also offered a comments field for three questions to gain further insights of the respondents' perspective. Survey questions included the following topics:

- Performance
- Feedback
- Values
- Performance Characteristics
- Training and Development
- Region 2 Individual Assessment and Planning Tool

- Employee Input
- Point System
- Overall Rating

Finally, a review of 40 completed EPDPs for 10% of the total number of employees in DHEC Region 2 that participate in the EPDP process which was conducted on November 25, 2008. The goal for the content analysis was to evaluate the volume and contents and to determine what actually happens in the EPDP process. The EPDP review included both a quantitative and qualitative content analysis. Criteria, scoring scale, and a tool to document the findings (Appendix L) were developed for this content analysis. The EPDP review addressed five main points:

- Volume
- Contents
- Training and Development
- Employee Feedback
- IAPT

A word count was used to evaluate the volume of words written in the employee's EPDP evaluation. The word count included words written for the actual performance of each job duty and the supervisor's narrative in the Evaluation Stage Acknowledgement of the EPDP.

Then, a review of the word contents written in the employee's EPDP evaluation to see if the words written described the employee's performance in terms of action, referenced each job duty, and whether the performance was scaled and measured against the success criteria for each job duty. Like the word count, the contents review included words

written for the actual performance of each job duty and the supervisor's narrative in the rater section of the Evaluation Stage Acknowledgement.

Next, a review the word contents in Part III: Future Training and Development of the EPDP to determine whether a training and development plan was complete and specific. Additionally, to evaluate whether the status of the employee's training and development plan was referenced for the rating period.

Also, a review of the word contents in Part IV: Organizational Support of the EPDP to see if the employee provided feedback. At the same time, to see whether the feedback was useful with suggestions on how the supervisor, co-worker and/or agency can support the employee in his/her present job and future career goals.

Finally, the employee's IAPT was reviewed to see whether it was complete, referenced in the EPDP, and attached to the EPDP. The goal was to determine the status of its use in DHEC Region 2.

Data Analysis:

Overall results of the focus groups indicate that from the participants' perspective of at least two of the three focus groups, the EPDP is not only a good tool that works for the most part, but an effective tool especially when used properly by the supervisor. All agreed that the five rating categories are effective with a suggestion that the highest rating of outstanding should be listed first in the overall rating section of the EPDP. Comments regarding Part III: Future Training and Development were that employees had an opportunity to indicate their interests and information in Part III helps employees to further develop their skills. Also discussed as relates to the employees completing Part IV: Organizational Support was that the EPDP process oftentimes provides an

overwhelming amount of information for employees to process and give their input immediately and that employees would be more likely to complete it with their input if given more time to process the information. A consensus of the groups was that the values rated in Section B of the EPDP are a good yearly reminder for employees. The scoring system brought several comments related to confusion about the scoring system, and while most supervisors acknowledged their use of scores divisible by five, some suggested revisions to the scoring system based on 100% or multiples of ten.

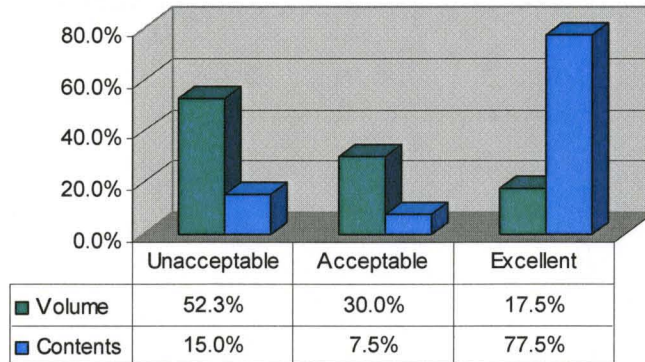
Of the 403 DHEC Region 2 employees surveyed, 188 or 47% responded to the survey. Overall, survey results (Appendix M) showed that for all of the closed-ended questions, 11 of 13 questions, more employees responded favorably to the statements about the EPDP with an answer of either agree or strongly agree as opposed to disagree or strongly disagree.

Two questions with the highest percentage of responses in favor of the EPDP process addressed employee input or supervisor feedback. Responses to Question 7.) The EPDP provides an opportunity for my input and Question 10.) My supervisor uses the EPDP process effectively to provide feedback to me on my performance. showed that 68% and 65% respectively either agree or strongly agree with an additional 20% and 26% respectively gave a neutral response to the statement. In looking at responses as relates to the IAPT, Question 6.) The IAPT is a helpful tool in developing a plan to work toward my career goals. indicated that 45% responded favorably, 35% neutral and 20% did not agree with the statement. On the other hand, responses to Question 8.) The EPDP point system is a satisfactory way to evaluate my performance. received the highest number of negative responses with 25% of the responses either disagree or strongly disagree.

Responses to the three open-ended questions also showed some trends. Of the 65 responses to Question 13.) What one thing do you like best about the EPDP? 34% referenced employee or supervisor feedback/input, 12% addressed performance, and 8% referenced an opportunity to plan for the future. Of the 71 responses to Question 12.) If you could make one change to the EPDP, what would you change? 16% would not make a change to the EPDP and 16% referenced changing the point system to make it easier or less confusing while 11% referenced changes to the process for the outstanding rating category to provide supervisors with approval rights or attach the outstanding rating to a monetary award. Of the 52 responses to Question 9.) We should keep the five current rating categories. Why or why not? 42% referenced the reasons why we should keep the categories are that the current categories are fair and seem to work, and 21% referenced limitations of the outstanding category in that it is almost impossible to receive an outstanding rating and should be linked to a monetary award. While budget constraints maybe a challenge for attaching a monetary award to the outstanding rating category, the use of this category should continue to require prior approval as does the Unsatisfactory rating category to help ensure oversight of the appropriateness of using these rating categories.

Results of the review of completed EPDP evaluations (Appendix N) based on the scoring criteria specifically comparing volume and content (Table 1) showed that the volume of words in 47.5% of the EPDPs reviewed scored either acceptable or exceptional while 52.3% scored unacceptable. At the same time, the review of the contents indicated that 85% scored either exceptional or acceptable while 15% scored unacceptable.

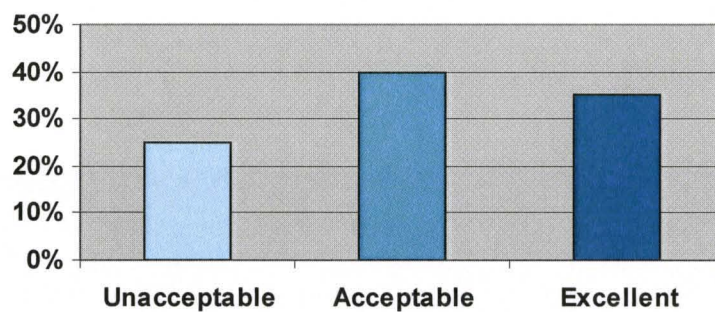
Table 1. EPDP Review: Volume vs. Contents



Since results of the word volume analysis showed that more than half of the EPDPs scored unacceptable while results of the word contents analysis indicated that 85% scored acceptable or exceptional, the majority of supervisors summarized their comments concisely and the comments were specific to the performance criteria for the job duty.

Results of the EPDP review of Part III: Future Training and Development (Table 2) showed that 75% scored acceptable or exceptional while 25% scored unacceptable.

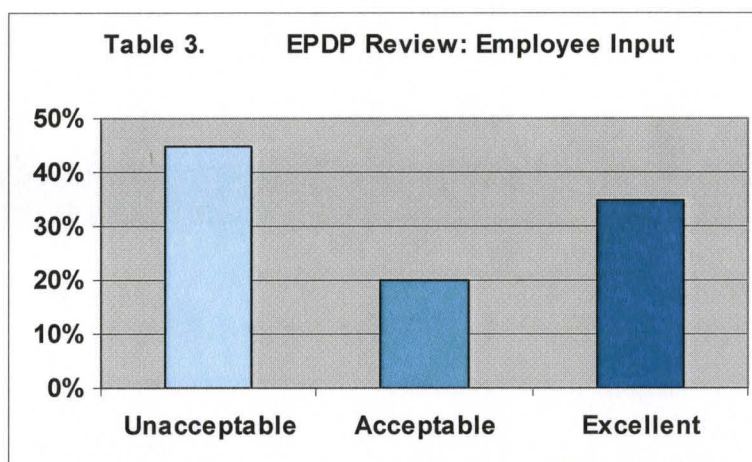
Table 2. EPDP Review: Training and Development



Therefore, the majority of supervisors included a training and development plan specific to the employee. With the majority of supervisors documenting specific training and development plans indicates that most supervisors at the Region level recognize the

importance of these plans. Implementation of the Workforce Development Plan may have increased awareness of the importance of ensuring that plans are in place for employee training and development.

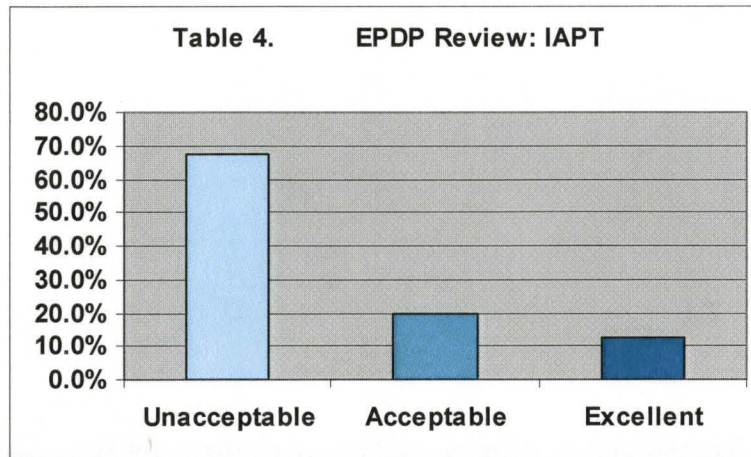
Results of the EPDP review of Part IV: Organizational Support (Table 3) showed that more than half of the employees provided their feedback while 45% choose not to give feedback.



Based on these results and comments from those that participated in the focus groups, the employee may need more time to process the information that was shared during the appraisal in order to provide feedback. Also, there may be some misunderstanding as relates to this section and when the employee should provide feedback or a lack of emphasis placed on the importance of the employee providing their feedback in Part IV: Organizational Support.

Finally, results for review of the employee's IAPT (Table 4) revealed that only five IAPTs or 13% of the EPDPs reviewed were completed, referenced and attached to the EPDP. An additional nine IAPTs or 23% referenced the IAPT primarily when employees

expressed satisfaction in their current position. In the EPDPs reviewed, 68% did not show evidence of the IAPT.



While the Region Workforce Development Plan referenced plans for using the tool, everyone in the Region may not have received the message, or supervisors could maintain the completed IAPT in a supervisory file rather than the personnel file. Also, the IAPT may not be an appropriate tool to use in incidences where employees are satisfied in their current position.

Recommendations for potential solutions based on results of the data analysis are as follows:

- Sections of the EPDP that are effective and should not be revised include Part I: Performance Plan and Feedback (Section A, Section B: Agency Values, Section C Performance Characteristics), Part III: Future Training and Development, Part IV: Organizational Support, and the current five rating categories.
- Provide employees with additional time to process information shared in the EPDP so they can give their feedback on the EPDP.
- Revise the EPDP scoring system.

- List the rating categories from outstanding to unsatisfactory.
- Provide additional clarification to educate supervisors/employees on the appropriate use of the outstanding rating category.
- Develop a Region 2 policy and procedure for completing and tracking the IAPT.

Implementation Plan:

Prior to taking action to implement recommendations from the results of this project, the information must be shared with the Agency's Personnel Director to seek necessary approvals. With approval to proceed, suggested corrective actions that could be implemented effective July 1, 2009 are as follows:

- Revisions to the EPDP process -
 1. Provide employees up to an additional 24 hours after the appraisal is complete to process information so they can give useful feedback in Section IV: Organizational Support of the EPDP.
 2. Scoring system based on 100% or a ten point system.
 3. List the categories in the overall rating from the highest rating or outstanding to the lowest rating or unsatisfactory.
 4. Provide additional clarification to educate supervisors/employees on the appropriate use of the outstanding rating category.
- Develop a Region 2 policy and procedure for completing and tracking the IAPT.

Obstacles to overcome primarily relate to budget concerns. Though there are minimal costs associated with the suggested corrective actions, it may be a challenge for the agency to implement revisions to the EPDP during a time of unprecedented and repeated budget reductions. Regardless of when the agency plans to make revisions to the EPDP,

communication, both verbal and written, at all levels throughout the agency is a key factor since employees at all levels participate in the EPDP process. Developing and implementing a local policy and procedure to ensure use of the IAPT will also be a challenge but not to the degree of such a widespread revision to the EPDP that would encompass the agency.

Evaluation Method:

After implementing revisions to the EPDP process and IAPT, plans to conduct an evaluation similar to the methods utilized for this project seems appropriate. Again, the evaluation needs to include feedback from those that participate in the EPDP process and should take place no sooner than one year following implementation of the revisions. At that point, employees would have completed an annual rating period and had time to work through the changes to provide useful feedback.

Summary:

DHEC implemented an EPDP policy, manual and form agency wide in 2004. On a smaller scale, DHEC Region 2 developed a Workforce Development Plan and implemented the IAPT to use in conjunction with the EPDP during 2007. Since implementation, the EPDP and use of the IAPT have not been evaluated to determine whether or not they are working and if progress has been made toward initial objectives set for the EPDP. The purpose of this project was to develop a methodology and criteria to evaluate the EPDP process and at the same time evaluate the use of the IAPT.

Three different types of data collection methods were used to evaluate the EPDP process for this project which include three focus groups with 18 volunteers that participated, an electronic survey administered to over 400 DHEC Region 2 employees

and supervisors, and a review of 40 randomly selected EPDP evaluations. Comments from at least two of the three focus groups were that the EPDP is a good and effective tool especially when used properly by the supervisor, provides employees an opportunity to further develop their skills, and a good yearly reminder of the agency's values. Other comments were that employees may need additional time to process the information to provide feedback in Part IV: Organizational Support, and no change necessary to the five rating categories with the exception of listing outstanding as the first category in the overall rating list of categories. Also, to help alleviate confusion with the scoring system in the EPDP, several commented that a change should be made the current scoring system.

Results of the survey indicated that for all of the closed-ended questions, 11 of 13 questions, more employees responded favorably to the statements about the EPDP with an answer of either agree or strongly agree as opposed to disagree or strongly disagree. The highest percentage of favorable or neutral responses pertained to employee input and supervisor feedback. Responses regarding the point system brought the highest number of negative responses or responses indicating a need for change to the point system while several responses referenced concerns associated with the use of the outstanding rating category. The majority of respondents answered that the IAPT is a helpful tool in developing a plan to work toward career goals.

Results of the EPDP review showed that the majority of supervisors summarize their comments concisely and specific to the performance criteria for the job duty, and they include a training and development plan specific to the employee. While more than half

of the employees provide feedback in Section IV: Organizational Support of the EPDP, only a small percent of the IAPTs were completed, referenced and attached to the EPDP.

Overall and based on the findings of the data analysis, while the EPDP is working a few revisions could improve the process. Sections of the EPDP that are effective and should not be revised include Part I: Performance Plan and Feedback (Section A, Section B: Agency Values, Section C: Performance Characteristics), Part III: Future Training and Development, Part IV: Organizational Support, and the current five rating categories. The findings suggest a few revisions to improve the EPDP process that could be implemented July 1, 2009 after first reviewing the findings of this project with the Agency Personnel Director to obtain necessary approvals. The recommended revisions are to provide employees with additional time to process information shared in the EPDP so they can give their feedback on the EPDP, revise the EPDP scoring system, list the rating categories from outstanding to unsatisfactory and provide additional clarification to educate supervisors/employees on the appropriate use of the outstanding rating category. A recommendation for Region 2 that will improve the use of the IAPT is to develop a policy and procedure for completing and tracking the IAPT. Since employees at all levels participate in the EPDP process, a key factor in planning and implementing the suggested revisions is communication, both verbal and written, at all levels throughout the agency and the region.

Appendices

EPDP Policy.....	Appendix A
EPDP Manual.....	Appendix B
EPDP Form.....	Appendix C
Agency Strategic Goals.....	Appendix D
Agency Performance Measures.....	Appendix E
Agency Values.....	Appendix F
Agency Mission.....	Appendix G
Region 2 Workforce Development Plan.....	Appendix H
Region 2 Individual Assessment Planning Tool.....	Appendix I
Focus Group Questions.....	Appendix J
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EPDP Review Criteria and Scoring.....	Appendix L
EPDP Survey Results.....	Appendix M
EPDP Review Results.....	Appendix N

Appendix A

Subject:

Performance Evaluations

Laws/Regulations:

Regulations: State Budget and Control Board, Office of Human Resources Regulation 19-715; Budget and Control Board Criteria

EMPLOYEE PERFORMANCE AND DEVELOPMENT PLAN (EPDP)

THE LANGUAGE USED IN THIS POLICY DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS POLICY, IN WHOLE OR IN PART.

These policies are in accordance with policies and procedures of the State Budget and Control Board, Office of Human Resources, and State Human Resources Regulations for establishment and administration of the Employee Performance and Development Plan (EPDP).

All performance appraisals shall become a permanent part of the employee's official personnel file. Upon request, the agency shall furnish the employee with a copy of the performance appraisal with copies of all pertinent attachments including the form completed at the time of the planning stage and the final appraisal form.

The provisions of this policy address the appraisal process of both probationary and covered employees. Although not mentioned specifically in this policy, employees exempt from coverage under the State Employee Grievance Procedure Act should also be given annual performance appraisals.

SECTION I - Purpose

The purpose of the Employee Performance and Development Plan is to increase efficiency/productivity of the agency by maximizing work performance of each employee. This policy applies to all probational and covered employees that occupy full time equivalent positions.

Objectives include but are not limited to:

- A. Providing documentation for salary increases, promotions, reassignments, demotions, dismissals and reductions in force.
- B. Assisting management in assigning work and delegating responsibilities based on a mutual understanding of the employee's knowledge, skills and abilities.
- C. Identifying training needs within the department.
- D. Allowing employees to discuss career goals with supervisors.

SECTION II - Training

Training shall be mandatory for all employees regarding the EPDP. New employees shall be briefed on the EPDP during orientation sessions.

SECTION III - Statement and Policy

- A. Performance of each new employee shall be appraised prior to completion of one (1) year of service in that position. Performance of each employee given a reclassification, promotion, demotion, or reassignment (unless classification does not change) shall be appraised prior to the completion of six (6) months of service in the new position

*Reassignment – Employee's performance review date will remain the same if the classification stays the same. If the pay band is the same but the classification is different, the performance review date will change to six (6) months from effective date.

- B.** The employee shall be appraised at least annually for performance in meeting defined job duties/standards, performance characteristics and objectives established for the position. The appraisal shall be based on performance in the position without regard to race, religion, age, sex, creed, national origin, disability or other factors that are not job related.

SECTION IV - Performance Levels

Definitions of performance levels to be used during a specified period for rating Job Duties/Standards, Agency Values and Characteristics are:

Unsatisfactory: Performance is inadequate and below minimum acceptable standards and expectations. Performance is causing problems or hardships for the department and/or co-workers and is having a negative impact on departmental effectiveness and/or productivity. This level of performance cannot be condoned or allowed to continue. This rating must be preceded by a Warning Notice of Substandard Performance (WNSP) at least 30 days prior to review with a covered employee. However, if the WNSP is issued less than 30 days before the employee's review date, the performance review date will roll forward a day for each day the WNSP is in effect to ensure the 30 day minimum is met.

Marginal: Performance meets the minimum standards and expectations in some areas but not others. Improvement is needed and expected. Performance at this level may cause the department and/or co-workers some problems or tends to diminish the department's effectiveness and/or productivity. Performance at this level is characterized as "needing improvement." A WNSP should be given simultaneously with this rating

Effective: Performance fully meets standards and expectations and employee is performing in a fully acceptable manner. The employee performing at this level is considered a stable and skilled performer by co-workers and immediate supervision. Performance occasionally

may be higher or lower – but averages to the Effective level.

Commendable: Performance EXCEEDS standards and expectations. Performance at this level would generally be recognized by peers and immediate supervision. Performance is characterized by notable skill, initiative and superior job knowledge.

Outstanding: Performance SIGNIFICANTLY EXCEEDS standards and expectations. Performance at this level would generally be widely recognized by peers, immediate supervision, higher level management or others. This individual suggests and initiates improvements/changes and through his/her own performance has materially enhanced effectiveness of the department or work area. Performance is generally not equaled by others (current and/or former employees in the same or similar position).

Job Duties encompass 80% of the total EPDP rating.

Agency Values will be rated on the same scale using the performance levels described in Section IV of this policy. If an employee is not affected by one of the values, a Not Applicable (NA) score may be given. **All employees shall be rated on the values of Customer Service, Teamwork and Cultural Competence.** Agency Values encompass 10% of the total EPDP rating.

Performance Characteristics will be rated on the same scale using the performance levels described in Section IV of this policy. Performance Characteristics encompass 10% of the total EPDP rating.

For the purposes of Reduction in Force (RIF), a conversion scale to the State system is provided.

The following scale for overall scores on the evaluation applies:

EPDP	RIF Points	State EPMS Equivalent
Unsatisfactory	0	Below
Marginal	1	Meets
Effective	3	Meets
Commendable	5	Exceeds
Outstanding	7	Substantially Exceeds

The numerical score that determines the performance rating will not be used in determining the order of a RIF.

SECTION V - Establishing and Maintaining Performance Review Dates

An employee's performance review date shall be established one year, to the date, following the new hire date. The performance review date for employees given a reclassification, demotion, promotion or reassignment with a change in classification shall be established six (6) months, to the date, from the date the employee begins the new position.

SECTION VI - Types of Appraisals and Submittal Guidelines

A. Probationary Performance Appraisal

Under the provisions of the State Human Resource Regulations, a newly hired employee shall be rated prior to the completion of a 12-month probationary period. Continued service beyond that period depends upon an employee receiving an "Effective" or higher overall rating on the employee's appraisal. Until an employee has completed a probationary period, the employee has no grievance rights under the State Employee Grievance Procedure Act.

The rater and the employee are required to draft the planning stage in accordance with the EPDP (Attachment I) within a month after employment. Provided the employee is performing satisfactorily, during the eleventh month of service, the rater completes the appraisal and reviews the results with the reviewing officer in accordance with Section VII, 2. of this guide. The appraisal is then discussed with the employee, and submitted to the Office of Personnel Services prior to the end of the probationary period. Failure to complete a performance appraisal within the period of probation automatically categorizes the employee as "Effective" by default with all rights and privileges of a covered employee and permanent status in the class. The performance review date marks the beginning of a new performance review period. The probationary period may not be extended. If an employee is not performing satisfactorily during the probationary period, the employee shall be terminated before becoming a covered employee. Until an employee has completed the probationary period and has a "Effective" or higher overall rating on the employee's evaluation, the employee has no grievance rights under the State Employee Grievance Procedure Act; therefore the agency is not required to follow the "Substandard Performance Process" to terminate a probationary employee.

B. Trial Period Performance Appraisal

Each covered employee that has been demoted, promoted, reassigned or reclassified shall be appraised prior to the completion of a six (6) month trial period in the position. Failure to complete a performance appraisal within the trial period automatically categorizes the employee with "Effective" rating by default and the employee will obtain covered status in the new classification. The performance review date marks the beginning of a new review period. Once an employee has successfully completed a trial period, the employee retains

permanent status in the classification throughout the employee's continuous service. The six (6) month trial period may be extended up to 90 calendar days upon written notice to the employee prior to the end of the six month trial period. No specified process is required to demote an employee in trial status to the same classification or a classification of equal or higher pay band from which promoted, if the demotion occurs within the trial period. However, the supervisor should explain the reason for the demotion with the employee prior to the demotion. An employee in trial status may not grieve such demotion. The trial employee may not be terminated or demoted to a lower pay band from which promoted for performance reasons, without following the substandard performance process.

C. Annual Performance Appraisal

The rater and the employee should draft a planning stage in accordance with the EPDP Planning Stage Instructions (Attachment I) within a month following the previous review period. No more than sixty (60) days prior to the end of the review period, the rater will complete the appraisal for the current rating period, in accordance with Section VII, 2. of this guide. The appraisal must be reviewed by the Reviewing Officer, then discussed with the employee and submitted to the Office of Personnel Services prior to the employee's performance review date. If an employee does not receive an appraisal prior to the annual performance review date, the employee shall receive an "Effective" (3.0 points) rating by default. If the appraisal rating is "Outstanding," it must be submitted to the Chief of Staff, appropriate Deputy Commissioner or District Health Director for approval prior to review with the employee. The annual performance review date marks the beginning of a new review period. The rater and the employee are recommended to draft the planning stage at the same time the review is given.

Warning Notice of Substandard Performance

A written Warning Notice of Substandard Performance (WNSP, DHEC Form #345) must precede an overall appraisal of "Unsatisfactory" for a covered employee. Employees receiving an overall "Marginal" rating should receive a WNSP simultaneously with their evaluation. If a rater determines that a covered employee's performance in any essential job function or objective which significantly impacts performance is "Unsatisfactory," a written Warning Notice of Substandard Performance (WNSP) may be issued. The WNSP is intended as a tool for the rater to use in advising the employee of weaknesses and methods to improve performance. State guidelines provide for an improvement period of thirty (30) but not more than one hundred and twenty (120) calendar days before an overall "Unsatisfactory" appraisal on a covered employee. The notice may be issued at any time during the review period; however, if the WNSP is issued less than 30 days before the employee's performance review date, the performance review date will roll forward a day for each day the warning notice is in effect. Documentation shall be maintained by the rater indicating counseling and/or training was provided during the WNSP period and a copy given to the employee and also placed in the personnel file. A covered employee who receives an "Unsatisfactory" rating on any essential job function/objective which significantly impacts performance, as noted in the warning notice, shall be terminated, demoted or reassigned from the position to an existing vacancy in the department. If the employee's performance is rated "Effective" or above on all essential job functions which significantly impact job performance, noted in the warning notice, by the end of the warning period, employment shall continue. An employee whose performance requires more than two Warning Notices of Substandard Performance within 365 calendar days from the date of the first notice shall be terminated, demoted or

reassigned from the position upon the third occurrence of substandard performance by issuing an Unsatisfactory appraisal. **The Warning Notice is not required on the third occurrence.** The WNSP or if appropriate, a letter from the supervisor to the employee shall adhere to the following requirements:

- A. In writing, addressed to the employee and labeled as a warning notice of substandard performance;
- B. A listing of job duties that are included on the EPDP planning document that are considered "Marginal" or "Unsatisfactory." This listing will also include an explanation for each job duty and/or objective that is considered deficient;
- C. Ways of improving deficiencies listed;
- D. Time period for improvement and plans for regularly scheduled meetings to discuss employee progress;
- E. Possible consequences if no improvement noted (i.e. termination, demotion, reassignment);
- F. Signed by the employee, if possible; however, if employee refuses to sign, have the supervisor and a witness sign stating the document was reviewed and a copy provided to the employee;
- G. Copy to the employee; and,
- H. Placed in the employee's official personnel file.

Once a time frame for improving unsatisfactory performance has been given, the employee must be rated prior to the end of the warning period or the employee will receive an "Effective" rating by default.

3. Disciplinary Guide

The Disciplinary Guide contained in the DHEC Progressive Discipline Policy is used to

suggest the basis for progressive discipline to be administered by supervisors in upholding specific conduct/behavioral standards that are fair, equitable and consistent at all echelons of the department. These guidelines are used to resolve a specific violation/offense that may not effect the employee's overall performance.

D. Special Performance Appraisals

The use of the Performance Appraisal Form for interim ratings is encouraged. Interim ratings may be issued to commend exemplary performance or to identify serious mistakes or problem areas in the employee's overall performance. (See section on WNSP) They may also be used when an employee leaves the position prior to the end of the review period. Special ratings will be discussed with the employee and placed in the personnel file.

SECTION VII - Performance Appraisal Document

This document is designated as a standard to be used throughout the Agency. Components of the Employee Performance and Development Plan are:

1. EPDP Planning Instructions are designed to assist the rater and reviewer in completing the "planning stage" of the performance appraisal. After the rater and reviewer have discussed the upcoming appraisal, the rater meets with the employee and formulates the following elements of the appraisal:

Part One

- (a) Section A (Job Duties) - Job duties shall be selected from the position description and performance standards should be developed for each duty. The standard is a qualitative and/or quantitative measurement corresponding to the "Effective" level. A percentage "weight" should also be assigned to each duty. The weight should be a combination of the percentage of time and importance of the duty. It shall be mandatory for all raters to be evaluated on the timely completion of employee performance appraisals. Managers shall also be rated on how well they implement the DHEC Strategic Plan.

- (b) Section B (Agency Values) – Employees shall be rated on how well they meet the Agency values.
- (c) Section C (Performance Characteristics) - Specific performance characteristics on the form should be reviewed and, if desired, additional optional characteristics with definitions may be added by the rater or reviewer.
- (d) Front Page - Employee, Rater, and Reviewer should sign the form on the appropriate line to certify that they participated in the Planning Stage and the Evaluation Stage. The employee's and reviewer's comments sections following the Evaluation Stage are shown in this section.

2. Performance Appraisal Form

The Performance Appraisal Form consists of an information and acknowledgement page and four sections.

Information and Acknowledgement

This page contains information concerning the employee, purpose of appraisal and acknowledgement of the planning and evaluation stage. The purpose of the appraisal could be the Annual Review for covered employees, Probationary Review for employees completing their first year of state service, Trial Review for covered employees who have completed six months in a position after a reclassification, promotion, demotion, reassignment or transfer to a new classification, or a special review such as a review after a WNSP, a mid-year review, or a review by a supervisor who may be leaving. By signing the Planning Stage Acknowledgement, the employee also acknowledges he/she has read the DHEC Confidentiality Policy and agrees to abide by it.

Part One – Performance Plan and Feedback

Section A: Job Duties/Actual Performance- Consists of spaces for job duties and standards on which all employees will be rated. Each job duty has five (5) levels of achievement. During the official appraisal process, evaluate the employee's job performance for each duty relative to performance standards and enter one of the five levels of performance in the appropriate space. (Point levels corresponding with performance are: Unsatisfactory = 1; Marginal = 2; Effective = 3; Commendable = 4; and Outstanding = 5) The rater shall provide general comments reflecting the actual performance of each duty in the Actual Performance box. In addition, specific examples must be provided for any duty on which the employee receives an "Unsatisfactory" or "Outstanding" rating. The rater will multiply the rating level by the weight and enter the number on the "Total" line beside the job duty. At the end of the Job Duties section, add the total points from the job duties and record the number on the line after "Job Duties Rating Total Points."

Section B: Agency Values - This section is used to identify the employee's performance in meeting the Agency's Values. Place the performance level points in the box beside each Value. Some Values may not be applicable to an employee's job duties. In that case, put "Not Applicable" (NA) in the box next to the value. When all the values are entered, place the average of the rating points in the box next to "Average total rating points."

Section C: Performance Characteristics - Consists of performance characteristics and definitions on which employees are rated. There are also spaces where optional characteristics may be added. The characteristics are rated using the five (5) levels of performance. During the official appraisal process, apply the definition for each characteristic to the employee's performance and enter the appropriate level of achievement in the space provided. The rater may provide comments reflecting the actual performance

for each characteristic and recommendations for improvement. Specific examples must be provided on any characteristic for which the employee receives an “Unsatisfactory” or “Marginal” rating. Performance characteristics are considered in determining the Appraisal Results and should be discussed with the employee. It shall be mandatory for all managers and supervisors to be rated on the performance characteristic of “Promoting Equal Opportunity.” (Promoting Equal Opportunity includes such areas as hiring, promotion or placement; level of personal and organizational commitment to equal opportunity; progress toward achieving a fully integrated and representative work force; and contribution toward minority programs and other social/economic equal opportunity goals.) The rating for each characteristic should be placed in the box next to the characteristic. When all the levels are entered, place the average of the rating points in the box next to “Average total rating points.” A sample list of Performance Characteristics and standards is available in Attachment II.

Section D: Rating Calculation – Place the points received in the Job Duties, Agency Values and Performance Characteristics sections on the line beside each item and multiply the points by the percentage of performance given. Add the points and the sum will be the total points for the appraisal. Under “Overall Rating,” match the total points with the rating and check the rating that corresponds with the point totals beside each rating. In addition, the rater must thoroughly justify in the same section his or her rationale for an overall “Outstanding” or “Unsatisfactory” appraisal. In addition, an overall performance appraisal of “Unsatisfactory” for a covered employee must be preceded by a Warning Notice of Substandard Performance. A Warning Notice of Substandard Performance should be given with a “Marginal” rating.

Part Two – Future Performance Expectations

This section identifies particular performance expectations that the employee should focus on during the upcoming performance period. It outlines the plan for the upcoming performance period which will serve as the basis for the ensuing performance reviews. It should give the employee a clear understanding of what the primary job and performance expectations are and on what the employee should target his/her efforts.

Performance expectations should be based on one or more of the following:

- The mission and strategic plan of the agency.
- The goals and objectives of the individual unit.
- The key jobs duties and responsibilities of the position (Specific job functions or special assignments).
- The performance characteristics listed (Specific behaviors).
- The strengths and improvement needs of the employee's performance.

When developing performance expectations, the following should be considered:

- Make sure it is within the employee's authority to accomplish.
- It should be realistic within the time period and resources available.
- Employee has the skills and knowledge to fulfill the expectation or will be given training to do that.

Part Three – Future Training and Development

This section identifies training and development opportunities in which the employee should participate to enhance and reinforce future performance. In completing this section, the employee and supervisor should think in terms of skills and knowledge the employee should develop or strengthen to fulfill present job responsibilities AND skills and knowledge the employee may need to fulfill longer-term career goals. Suggestions for training and development

activities include workshops, seminars or courses; reading books and articles; rotational assignments; shadowing; coaching and mentoring; special assignments; conference attendance; or video and audio tapes.

Part Four – Organizational Support

This section is to be completed by the employee only. This is the employee's opportunity to offer suggestions as to how the supervisor, co-workers, and/or agency management might better support the employee in the present job and with future career goals. In completing this section, the employee should focus on specific suggestions that are important to him/her in fostering productivity, job satisfaction and professional success. Employees should be realistic when offering ideas for organizational support, keeping in mind resources and other constraints that may make it difficult to take action on every idea. If a suggestion for support is not feasible, the supervisor should let the employee know.

Rating Officer Responsibilities

The Rating Officer has first line supervisory responsibility for the employee being evaluated and may receive information from other supervisors or employees with whom the employee works periodically. The rater should frequently counsel the employee concerning performance, goals, and progress. Records should be made of all counseling sessions. In preparing to complete a performance appraisal, the supervisor should review the employee's performance for the rated period and consider:

1. That the performance level selected reflects the employee's performance for the entire rating period;
2. That the evaluation will not be influenced by personal considerations but will be based on job performance and related characteristics;
3. That he/she is not unduly influenced by the opinions of others in the evaluation

process.

Upon completion of the performance appraisal, it will be forwarded to the Reviewing Officer for signature/comment before it is reviewed with the employee. Remember, if the appraisal is "Outstanding," it must be approved by the Chief of Staff, Deputy Commissioner or District Health Director prior to review with the employee. If the employee refuses to sign an appraisal, a statement indicating refusal, witnessed by the supervisor and one other individual, must be made on the appraisal form. The Reviewing Officer is usually the supervisor next in line of authority above the Rating Officer and has personal and/or general knowledge of the employee's performance. During the review process, if there are points of disagreement or questions on any of the performance characteristics, job duties, or Agency values, the Reviewing Officer should arrange a conference with the Rater to discuss these differences. The Reviewing Officer shall not use undue influence to change the decisions of the Rating Officer. If differences cannot be reconciled, the Rater's decision is final and the Reviewing Officer may cite his/her differences in the space provided and use a continuation sheet if necessary. The Reviewing Officer will complete the review, sign the form and return it to the Rating Officer. The EPDP is then reviewed with the employee and submitted in a timely manner to the Office of Personnel Services.

The Performance Appraisal Interview is to be scheduled with the employee for a private session prior to the performance review date. This will allow time for the employee to assess his/her own performance using the Self-Evaluation Tool and prepare any comments he/she may have. Prior to the end of the interview, establish a time in the near future to meet with the employee to prepare the planning stage for the upcoming year.

PERFORMANCE APPRAISAL OPTIONS AND TOOLS

The below listed options and tools are available for use by raters:

1. The Rater may ask for input on an employee's performance from other employees. If this option is chosen, the rater may use the EPDP Evaluation Input Tool to gather performance evaluation from other employees. The rater may use the Performance Characteristics listed or use other characteristics associated with performance.
2. The Rater may ask the employee for a self-evaluation. If this option is chosen, the rater may use the EPDP Self-Evaluation Tool. The Rater should give the self-evaluation to the employee prior to the performance appraisal. (NOTE: Self-evaluation may be required for certain employees under CHAP accreditation guidelines. In this case it shall be mandatory that a self-evaluation form be provided to the employee. DHEC Form 1646 may be used for this purpose.)
3. The Rater may like to conduct an informal mid-year review. If this option is chosen, the rater may use the EPDP Mid-Year review Tool. A performance rating is not given at a mid-year review. However, any changes in job duties should be discussed and documented at this time.

Planning Stage Instructions

- A. The rater shall complete the biographical, work assignment and other information on the front page of the form and review the general instructions. Carefully review the performance level definitions with close attention to the distinctions between each level.
- B. The rater and the reviewing officer shall discuss the expectations for the employee in the coming rating period prior to the planning meeting with the employee.
- C. It is recommended that the rating officer and the employee draft the planning stage at the same time as the performance review to select job duties, develop standards of acceptable performance and discuss performance characteristics and values to be evaluated during the upcoming rating period.
 - 1. Turn to Part One entitled "Performance Plan and Feedback." Under Job Duties, with full participation of the employee, discuss and identify important job duties on the employee's position description which represents at least 90% of their time. If the position description is not reflective of the employee's current duties, an updated position description must be completed. List the duties you and the employee have selected for evaluation. A percentage "weight" should be assigned to each duty. The weight should be a combination of the percentage of time and importance of the duty. The total weight of the assigned job duties should equal 100%. It shall be mandatory for all raters to be evaluated on the timely completion of each employee's performance appraisal. Managers shall also be rated on how well they implement the DHEC Strategic Plan. At the same time, write a qualitative and/or quantitative job standard in the space provided which describes how well the employee must perform the duty to obtain an "Effective" level of performance. If more space is needed for

listing duties and standards, an additional page(s) may be used. If additional duties are assigned during the review period, they should be reviewed with the employee and entered on an additional page, with an effective date of the change noted. Should duties be deleted during the review period, the effective date of deletion should also be noted on the appraisal form and initialed by employee and supervisor. (Employees should still be evaluated on the completed portions of deleted duties provided they were significant in nature or performed at least 10% or more of the time during the rating period.)

2. Turn to Agency Values where the rater and employee will discuss the Agency Values for understanding.
 3. Proceed to Performance Characteristics where the rater and employee will review the performance characteristics to be evaluated during the rating period. The characteristics listed apply to all employees unless otherwise indicated. The rater may add additional characteristics for evaluation. Each characteristic should have a definition.
 4. In Part II (Future Performance Expectations), the rater will identify particular performance expectations the employee should concentrate on during the next review period.
 5. In Part III (Future Training and Development), the rater will identify training and development opportunities for the employee during the next review period.
- D. It is important to remember that the duties/standards, agency values and performance characteristics are to be discussed during the planning stage. Each duty must have a written qualitative and/or quantitative standard of performance necessary to obtain an "Effective" rating. Even though the intent of this process is to encourage as much interaction and

agreement as possible on the appraisal between the rater and employee, the judgement of the rater is final in the selection of duties, characteristics, values and corresponding standards. The rater, reviewer and employee must sign the appropriate spaces on the front of the appraisal certifying that they participated in the planning stage.

- E. Near the end of the rating period, and prior to the performance review date, the rater will complete the performance level blocks, enter necessary comments reflecting actual performance and complete the rating as described in the EPDP Policy. Also, prior to the end of the review period, the employee will complete Part IV (Organizational Support). The employee has the opportunity to suggest how the agency and staff can contribute to his/her further development. The employee will give this to the rater prior to completion of the performance appraisal. After the rating has been calculated, the rater will discuss the appraisal with the reviewer. The reviewer will sign the EPDP, add comments and return it to the rater. The rater will then discuss the results with the employee. The employee will then sign the EPDP and add any comments he/she wishes to make. After completion, the original EPDP shall be forwarded to the Office of Personnel Services and placed in the employee's official file.

Performance Characteristics**Appendix**

This appendix is not part of the EPDP policy, but serves as guidance on the selection and assessment of Performance Characteristics. Performance Characteristics are rated one (1) to five (5).

Below is a listing of EPDP Performance Characteristics, followed by sample descriptors of various performance levels.

Job Knowledge	(1) Lacks basic professional knowledge to perform effectively

	(3) Has thorough professional knowledge
Competence	(5) Recognized expert, sought after to solve difficult problems

	(3) Cannot apply basic skills
Dependability	(5) Effectively performs both routine and new tasks

	(3) Effectively fulfills job responsibilities and commitments
Quantity	(5) Fulfills job responsibilities far ahead of schedule

	(3) Meets product expectations of the position
Accuracy	(5) Exceeds product expectation of the position

	(3) Work is accurate, little re-work required
Judgment	(5) Quality work completed every time

	(3) Bases decisions on logical assumptions and relevant facts
	(5) Develops and analyzes alternative courses of action when making weighted decisions

	(1) Makes unrealistic and irrational decisions

Communication	(1) Ineffective communicator (3) Clear, timely communicator (5) Exceptional communicator
Punctuality	(1) Routinely late (3) Normally on time (5) Always on time, often early
Initiative	(1) Lacks initiative, requires prompting and direct supervision (3) Takes initiative to meet goals; thinks independently (5) Develops innovative ways to meet goals
Prioritizing	(1) Unable to plan for or prioritize workload (3) Plans/prioritizes effectively (5) Plans/prioritizes with exceptional skill and foresight
Teamwork	(1) Fails to understand team goals (3) Understands team goals, employs good teamwork techniques (5) Talented mentor, focuses goals and techniques for teams
Problem Analysis	(1) Cannot identify/solve routine problems (3) Solves routine work-related problems as they occur (5) Great foresight. Gets ahead of the problems
Customer focus	(1) Lacks ability to cope with customer concerns and issues (3) Meets customer needs effectively (5) Perseveres through the toughest challenges in customer service
Adaptability	(1) Inflexible, resists change (3) Adapts to changes in the workplace (5) Accepts and welcomes change in the workplace

- Cooperation
- (1) Creates unnecessary conflict occasionally or often
 -
 - (3) Works well with staff and customers
 -
 - (5) Negotiates and Mediates at the highest level; maximizes satisfaction with outcomes
- Attendance
- (1) Abuses leave, work arrangements or departmental scheduling
 -
 - (3) Reasonably balances time-off with work requirements
 -
 - (5) Maintains balance between time-off and work attendance which reflects respect for professional and departmental obligations as well as personal needs

MANAGEMENT

- Leadership
- (1) Does not set or achieve work-relevant goals
 -
 - (3) Sets and achieves useful, realistic goals for staff
 -
 - (5) Leadership achievements dramatically improves staff accomplishments
- Promoting EEO
(Required)
- (1) Does not promote EEO
 -
 - (3) Promotes EEO
 -
 - (5) Ensures a climate of fairness and respect for human worth
- Delegating
- (1) Unwilling to distribute task responsibilities to others
 -
 - (3) Clearly assigns responsibility to others
 -
 - (5) Fosters growth of others by timely delegation of increased responsibility
- Motivating
- (1) Fails to motivate or guide others
 -
 - (3) Effectively motivates others to meet goals
 -
 - (5) Inspiring motivator, consistently builds winners

Developing

(1) Makes no attempt to develop staff

.....

(3) Steadily improves qualifications of staff

.....

(5) Mentors staff, routinely seeks out and distributes developmental opportunities

Policy &
objectives

(1) Departmental Policies do not reflect agency goals and

Procedure

.....

Development
objectives

(3) Assures departmental policies reflect agency goals and

.....

(5) Strives to constantly improve policies within context of agency goals and objectives

Appendix B

**South Carolina
Department of Health
And
Environmental Control**

**Employee Performance and
Development Plan**

EPDP User's Manual

For supervisors and employees

The EPDP is the performance evaluation system for all DHEC employees and supervisors. The EPDP form and User's Manual can be accessed through the Office of Personnel Services intranet home page at: http://dhecnet/co_coo/personnel/.

About the Employee Performance and Development Plan

The Employee Performance and Development Plan (EPDP) is to be used for all DHEC employees and supervisors. It provides for a participative and collaborative process for:

- reviewing employee's past performance;
- establishing future performance expectations;
- determining training/development needs; and,
- identifying other organizational support that the employee may need.

The primary purpose of the EPDP is to encourage open, constructive communication between supervisor and employee that will help the employee be as successful as possible in his/her job and career with DHEC.

The EPDP process is intended to provide the employee specific, meaningful information about his/her contribution to the goals and performance of the organization. It is intended to be adaptable to the uniqueness of individual jobs, and to support continuous improvement efforts. The EPDP also gives the employee the opportunity to clarify what support he/she needs to be productive and successful.

This User's Manual reiterates the EPDP instructions and outlines guidelines for the use of the EPDP.

Both employee and supervisor should read it carefully before using the EPDP instrument. Both the manual and the EPDP form can be accessed electronically at http://dhecnet/co_coo/personnel/.

EPDP Themes

SET CLEAR GOALS AND EXPECTATIONS FOR THE PERFORMANCE PERIOD

Without clear goals you will be operating in the dark.

COLLABORATE ON PLANNING AND ASSESSMENT

Build a strong working relationship.

Remain open to different ideas and perspectives.

Learn to communicate in an open, constructive, and positive manner.

KEEP THE PLAN ALIVE

Keep the plan current as situations and priorities change.

KEEP TRACK OF PROGRESS

Good assessments are specific.

Make record keeping as simple as possible.

ELIMINATE SURPRISES

Nothing should come up at the assessment of past performance that hasn't been discussed before.

MAKE TIME TO DO IT RIGHT

The value derived from the process is directly related to the quality of the effort put in.

How the EPDP is Organized:

PART I: Performance Plan and Feedback

Part I is an assessment of the employee's performance during the time period under review. *See guidelines on page 7.*

PART II: Future Performance Expectations

Part II is an identification of particular performance expectations that the employee should focus on for the upcoming performance period. *See guidelines on page 8.*

PART III: Future Training and Development

Part III is an identification of training and development needs and opportunities that will help satisfy those needs. *See guidelines on page 9.*

PART IV: Organizational Support

Part IV is to be completed by the employee only. This is the employee's opportunity to give the supervisor feedback as to what specific support the employee feels that he/she needs to help foster effectiveness. *See guidelines on page 10.*

EPDP Process - in brief

Step A: Planning Stage

- Discuss and understand the process and timing to be followed for conducting the EPDP.
- Review the position description.
- Supervisor completes Parts I through III and establishes and reviews performance expectations with the employee for the upcoming review period. .

Step B: Evaluation Preparation

- The employee completes Part IV of the EPDP.
- Supervisor evaluates employee performance and completes Part I of the EPDP.
- Supervisor sends EPDP to Reviewer for signature and comment.

Step C: Feedback Session

- Employee and supervisor discuss evaluation of Part I. The employee shares his/her response to Part IV. Employee signs EPDP and writes comments.
- Employee and supervisor discuss upcoming review period and changes in future planning stage of EPDP. Part IV is also discussed to plan for development opportunities.
- The supervisor provides the employee a copy of the completed EPDP and forwards the original to area Personnel Coordinator.

Note: The immediate supervisor of the employee is the evaluator, unless otherwise noted on the EPDP.

EPDP Process - in detail

Step A: Planning Stage

Prior to the actual Planning Stage, the supervisor provides the employee with the EPDP form and user's manual, and schedules a time to discuss with the employee the EPDP as itemized below.

1. Carefully review the EPDP instructions and guidelines.
2. Review the employee's position description to ensure accuracy of stated duties and responsibilities.
3. The supervisor will complete the Job Duties, Standards and Performance Characteristics on the EPDP form.
4. The reviewer will review the EPDP and sign the document signifying he/she agrees with it.
5. The supervisor will review with the employee the performance expectations that were established for the upcoming review period to ensure that they are still valid for feedback purposes. These performance expectations would include particular behaviors, special assignments, specific goals, results expected, etc.
6. Jointly review the Job Duties, Standards and Performance Characteristics on the EPDP, clarifying future performance expectations, and outlining future training/development needs.

Step B: Evaluation Preparation

1. Part IV of the EPDP is completed by the employee before the Feedback Session.
2. Prior to the Feedback Session, the supervisor completes the Actual Performance, Agency Values and Performance Characteristics of Part I of the EPDP, assigns performance levels and completes calculations to determine Overall Rating.
3. The evaluation should be based on observed performance in relation to the employee's duties and responsibilities, Agency Values and Performance Characteristics.
4. After completion of Part I, the supervisor should forward the EPDP to the reviewer for signature and comments. The reviewer will return the EPDP to the supervisor before the Feedback Session.

Step C: Feedback Session

1. The employee and supervisor meet to discuss the results of the EPDP. The aim is to have an open and constructive discussion that leads to a clear understanding of the employee's past performance, future performance expectations, and training/development objectives. Special attention should be paid to clarifying the link between the employee's job, performance expectations, and knowledge/skill requirements to the organization's goals, objectives, and quality improvement efforts

2. The employee and supervisor discuss the upcoming review period and changes in future planning stage of EPDP. Part IV is also discussed to plan for development opportunities.
 3. Following the Feedback Session, the employee will sign the EPDP and write any comments in the appropriate space. The supervisor ensures the employee receives a copy of the signed form and the original is forwarded to the area Personnel Coordinator for processing.
-

Guidelines

Guidelines for Part I: Performance Plan and Feedback

Part I is an assessment of the employee's contribution to helping the Agency achieve its goals and be successful. It is a description of how well the employee has done in carrying out job responsibilities, performance expectations, and applicable EPDP performance elements during the time period under review.

During the Feedback Session, the employee and supervisor discuss with each other the assessments of the employee's performance. These assessments should be based on information about observed behavior and accomplishments during the performance period under review.

The discussion should be open and constructive, where both supervisor and employee are active participants in the communication process. As a result, there should be a clear understanding by both parties as to how well the employee has contributed to the effectiveness and efficiency of the organization, including the nature of the employee's strengths and areas needing improvement.

Feedback accomplishes four things:

- It acknowledges and reinforces things that are going well.
- Identifies where change is needed.
- Increases common understanding of how things are going.
- Improves future performance and communication.

Tips on Giving Feedback:

- Deal in specifics, not generalities.
- Be descriptive and directed at behavior, not personality traits.
- Focus on finding solutions and looking at the future.
- Be respectful of the dignity and opinions of others.

Tips on Receiving Feedback:

- Listen carefully.
- Ask clarifying questions.
- Acknowledge.
- Take your time.

Guidelines (cont.)

Guidelines for Part II: Future Performance Expectations

Part II identifies particular performance expectations that the employee should focus on during the upcoming performance period. This is an important section for the employee and supervisor to carefully think about, discuss, and understand.

It outlines the plan for the upcoming performance period which, in large part, will serve as the basis for ensuing performance reviews. More importantly, it should give the employee a clear understanding of what the primary job and performance expectations are and, therefore, on what the employee should target his/her efforts.

Suggestions:

1. Confirm that the link or relationship between the employee's job duties and performance to the goals and objectives of the organization has been clarified. The employee should have a good understanding as to how his/her role contributes to the effectiveness and efficiency of the whole.

To help clarify the link between the employee's job and the mission of the Agency, the supervisor might consider reviewing or attaching a copy of the Agency's and area's mission statement.

2. Performance expectations should be based on one or more of the following:

- The mission and strategic plan of the agency.
- The goals and objectives and values of the organizational unit.
- The key job duties and responsibilities of the position.
- The strengths and improvement needs of the employee's performance.

3. Categories of "performance expectations" include, but are not limited to, the following:

- Goals and objectives unique to the employee's job or work unit.
- Specific job functions
- Particular behaviors
- Special assignments
- Significant results or outcomes expected

4. Other helpful hints on developing performance expectations:

- Make sure it is within the employee's authority to accomplish.
- It should be realistic within the time period and resources available.
- Prioritize.
- Employee has the skills and knowledge to fulfill the expectation; or, will be given the training to do that.

Guidelines (cont.)

Guidelines for Part III: Future Training & Development

In Part III, identify training and development opportunities in which the employee should participate to enhance and reinforce future performance. In completing this section, the employee and supervisor should think in terms of:

- Skills and knowledge that the employee should develop or strengthen to fulfill present job responsibilities and performance expectations
- and
- Skills and knowledge that the employee may need to fulfill longer-term career goals.

If the employee already has an individual development plan, it can be referred to in this section.

Some ideas for preparing an employee training/development plan:

- Identify the level of skills and knowledge necessary to carry out key job responsibilities, performance expectations, and performance elements.
- Describe current competency level with regard to those skills and knowledge.
- Review and set priorities for development needs and goals.
- Determine training/development strategies that will help fulfill those goals.
- Agree on an update/communication method to assure that the development plan is working.

Suggestions for training/development activities:

Workshops, seminars, courses
Reading books and articles
Rotational assignments
Shadowing

Coaching, mentoring
Special assignments
Conference attendance
Video and audio tapes

Guidelines (cont.)

Guidelines for Part IV: Organizational Support

Part IV is to be completed by the employee only. This is the employee's opportunity to offer other suggestions as to how the supervisor, co-workers, and/or agency managers might better support the employee in the present job and with future career goals.

In completing this section, the employee should focus on specific suggestions that are important to him/her in fostering productivity, job satisfaction, and professional success. Suggestions should be realistic, keeping in mind that areas may have resource and other constraints that may make it difficult to take action on every idea.


Some examples of suggestions for organizational support:

- More frequent, ongoing feedback from supervisor.
- Needed tools, equipment, software, furniture.
- Better communication within or among organizational units.
- Clearer information from top management about the agency's direction.
- Work schedule matters.

Note:

Again, employees are encouraged to be realistic when offering ideas for organizational support. If a suggestion for support is not feasible, the supervisor should let the employee know.

Appendix C

	Employee Performance and Development Plan
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Employee's Name:	Social Security Number:	Purpose of Appraisal: <input type="checkbox"/> Annual Review <input type="checkbox"/> Probationary Review <input type="checkbox"/> Trial Review <input type="checkbox"/> Other:
Job Classification:	Location:	
Evaluation Period: From to		

Planning Stage Acknowledgement	
Rater:	Date:
Reviewer:	Date:
Employee:	Date:
Signature of employee indicates the review of the Planning Stage and Position Description and that the employee has read the DHEC Confidentiality Policy and agrees to abide by it.	

Part I: Performance Plan and Feedback

Section A

Job Duty: (For managers only) Completes Employee Performance and Development Plan in accordance with Agency guidelines. (Assigned weight must be at least 5%.)	Assigned Weight: _____ %
Standard: Conducts planning stage no later than four weeks into review period and submits to reviewer; amends planning document as needed during the review period; completes appraisal prior to review date.	Performance Level: X _____
Actual Performance:	Total: _____

Job Duty: (For managers only) Promotes implementation of DHEC Strategic Plan. (Assigned weight must be at least 5%)	Assigned Weight: _____ %
Standard:	Performance Level: X _____
Actual Performance:	Total: _____

Job Duty:	Assigned Weight: _____ %
Standard:	Performance Level: X _____
Actual Performance:	Total: _____

Job Duty:	Assigned Weight: _____ %
Standard:	Performance Level: X _____
Actual Performance:	Total: _____

Job Duty:	Assigned Weight: _____ %
Standard:	Performance Level: X _____
Actual Performance:	Total: _____

Job Duty:	Assigned Weight: _____ %
Standard:	Performance Level: X _____
Actual Performance:	Total: _____

Job Duties Total Points: _____

Section B

Agency Values	Rating
Customer Service: Meeting customer's needs with quality service.	
Teamwork: Working together to make decisions and reach goals.	
Cultural Competence: Recognizing, respecting, and valuing different cultures.	
Use of Applied Scientific Knowledge for Decision Making: Using scientific principles to guide decisions.	
Local Solutions to Local Problems: Working to help communities improve their health and environment.	
Excellence in Government: Ensuring quality performance and well-trained employees to improve health and the environment. (Management and Supervisory employees only)	
Average total rating points	

Section C

Performance Characteristics	Rating
1. Promoting Equal Opportunity (Management and Supervisory employees only). <u>Definition:</u> Works toward achieving the Agency's affirmative action goals in recruiting, hiring and promotion of employees.	
2. Participatory Management <u>Definition:</u> Degree of effort demonstrated by the employee in promoting/encouraging participatory management within the organization.	
3. Cooperation <u>Definition:</u> Extent to which the employee cooperates with supervisors, associates and those for whom work is performed.	
4. Judgement <u>Definition:</u> Quality of work related decisions made by the employee.	
5.	
Average total rating points	

Section D
Rating Calculation

Total Job Duties Points: _____ X .80 = _____
Average Agency Values Points: _____ X .10 = _____
Average Characteristics Points: _____ X .10 = _____
Total Points _____

Overall Rating:

_____ Unsatisfactory*	(1.00 – 1.75)
_____ Marginal	(1.76 – 2.75)
_____ Effective	(2.76 – 3.60)
_____ Commendable	(3.61 – 4.49)
_____ Outstanding*	(4.50 – 5.00)

* Requires prior approval

Part II: Future Performance Expectations

Identify any particular performance expectations, job duties, special assignments, and/or skills upon which the employee should focus in order to reinforce his/her success and contribution to the agency during the upcoming review period.

Display and promote objectivity, cooperation and support through the transition process of combining Appalachia II and Appalachia III health districts into Health Services Region 2.

Part III: Future Training and Development

Identify training and development opportunities in which the employee should participate to enhance future performance.

Participate in occupational related training opportunities, as appropriate. Attend and participate in other training opportunities, as required.

Part IV: Organizational Support

To be completed by the employee: What suggestions do you have as to how your supervisor, co-workers, and/or agency management can support you in your present job and with future career goals.

Evaluation Stage Acknowledgement	
Rater:	Date
Rater Comments:	
Reviewer:	Date
Reviewer Comments:	
Employee:	Date
Employee Comments:	
Signature indicates that I was given the opportunity to discuss the EPDP with my supervisor, not that I necessarily agree.	

Appendix D

**Department of Health and Environmental Control
Strategic Goals 2005-2010**

Goal 1: Increase support to and involvement by communities in developing healthy and environmentally sound communities.

Strategic Goal 1-A: Increase support to develop healthy communities.

Strategic Goal 1-B: Protect the public against food-water-and vector-borne diseases.

Strategic Goal 1-C: Promote a coordinated, comprehensive public health preparedness and response system for natural or manmade disasters or terrorist events.

Strategic Goal 1-D: Work with local governments and communities to improve land use plans to balance growth and natural resource protection.

Strategic Goal 1-E: Expand public knowledge of and involvement in environmental and health issues.

Goal 2: Improve the quality and years of healthy life for all

Strategic Goal 2-A: Promote healthy behaviors.

Strategic Goal 2-B: Reduce the occurrence of vaccine preventable diseases.

Strategic Goal 2-C: Improve maternal and child health.

Strategic Goal 2-D: Improve the quality of life for seniors living at home and in long-term care facilities.

Strategic Goal 2-E: Improve access to comprehensive, high quality care.

Goal 3: Eliminate health disparities.

Strategic Goal 3-A: Reduce disparities in the incidence and the impact of communicable diseases.

Strategic Goal 3-B: Reduce disparities in illness, disability and premature deaths from chronic diseases.

Goal 4: Protect, enhance and sustain environmental and coastal resources.

Strategic Goal 4-A: Protect the environment to improve public health and safety.

Strategic Goal 4-B: Enhance environmental and coastal resources.

Strategic Goal 4-C: Restore impaired natural resources and sustain them for beneficial use.

Strategic Goal 4-D: Protect coastal and other sensitive area

Goal 5: Improve organizational capacity and quality.

Strategic Goal 5-A: Provide continuous development of a competent and diverse workforce.

Strategic Goal 5-B: Provide reliable, valid and timely information for internal and external decision-making.

Strategic Goal 5-C: Ensure customer focus and cultural competence in the agency.

Strategic Goal 5-D: Improve the linkage between funding and agency strategic direction.

Strategic Goal 5-E: Improve operational efficiencies through the use of improved technology and facilities.

Appendix E

**Central Office Data Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
1A.3b	Number of Regions with at least one school applying for an All-Health Team Program award.	Regions	Central Office	Annual (SFY)	Yes		All-Health Team
1A.3c	Number of Oral Health advisory summits (QAS)	Central Office	Central Office	Annual (SFY)	No	Jul-08	Oral Health
1B.3a	Number of routine risk based inspections per year	Regions	Central Office	Quarterly	Yes		Environmental Health
1B.3b	Number of routine risk based inspections per facility	Regions	Central Office	Annual (SFY)	Yes		Environmental Health
1B.3c	Percent of low-scoring facilities receiving remedial training	Regions	Central Office	Semi-Annual	Yes		Environmental Health
1B.3d	Number of food borne illness complaints	Regions	Central Office	Annual (SFY)	Yes		Environmental Health
1B.3e	Percent of permitted facilities inspected at least once per year	Regions	Central Office	Annual (SFY)	Yes		Environmental Health
1B.4a	Number of animal bite investigations conducted	Regions	Central Office	Quarterly	Yes		Environmental Health
1B.4c	Number of media contacts and news releases issued regarding rabies and vector control	Both	Both	Annual (SFY)	Yes		Environmental Health
1B.4d	Percent of scheduled mosquito (gravid) traps that were conducted	Regions	Central Office	Annual (SFY)	Yes		Environmental Health
1C.1a	DHEC Health Services updates to state emergency operation plan for ESF 6 (Mass Care), ESF 8 (Health & Medical Services), and ESF10 (Hazardous Materials) are submitted to the State Emergency Management Division	Central Office	Central Office	Annual (SFY)	Yes		PH Preparedness
1C.1b	HSCO Operations plan developed (including Bureau/Office SOPs), and HS related annexes to the agency's EOP are reviewed and updated annually	Central Office	Central Office	Annual (SFY)	Yes		PH Preparedness
1C.1c	Notification plan and activation rosters are updated	Both	Both	Quarterly	Yes		PH Preparedness

**Central Office D Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
1C.1d	Conduct internal emergency notification exercises quarterly, at least one will be an after hours drill	Both	Both	Quarterly	Yes		PH Preparedness
1C.3a	Develop a definition of an epi-team and enumerate requirements for an operational epi-team.	Central Office	Central Office	Annual (SFY)	No	Jul-08	Acute Epi
1C.3b	Rapid Needs Assessment Team roster is complete	Central Office	Central Office	Quarterly	Yes		PH Preparedness
1C.3c	Percent of HSCO EOT members who have received necessary NIMS and ICS training	Central Office	Central Office	Annual (SFY)	Yes		PH Preparedness
1C.4a	Number of outbreaks, with an assigned outbreak number, where an etiologic agent and mode of transmission were identified	Central Office	Central Office	Annual (SFY)	Yes		Acute Epi
1C.4b	Percent of outbreak investigations that meet the response standard	Both	Central Office	Annual (SFY)	Yes		Acute Epi
1C.4c	Time to recommend public health courses of action to minimize human health threats identified in the jurisdiction's hazard and vulnerability analysis	Both	Both	Annual (SFY)	Yes		PH Preparedness
1C.4d	Percent of 800MHz radios operationally tested	Both	Both	Quarterly	Yes		PH Preparedness
1C.4e	HS RNAT is properly equipped with Go Packs, 800 MHz radios, and GPS equipment	Central Office	Central Office	Annual (SFY)	Yes		PH Preparedness
1C.4f	Percent of Regions that responded within 15 minutes to after-hours tests of the 24/7 Epi On-call pager	Regions	Central Office	Annual (SFY)	No	Jul-08	Acute Epi
1C.4h	Percent of After Action Reports (AAR) completed after an outbreak with an assigned number, within the standard	Both	Central Office	Semi-Annual	No	Jan-08	Acute Epi

**Central Office C Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
1C.5a	Number of birth, death, marriage and divorce certificates issued by DHEC, by county/region	Regions	Central Office	Semi-Annual	Yes		PHSIS
1C.6a	Complete Accelerated Technology Laboratory, Inc. (ATL), Laboratory Information Management System (LIMS) installation for diagnostic testing	Central Office	Central Office	Annual (SFY)	Yes		Laboratory
1C.6b	Percent of county health departments (CHDs) that use the Bureau of Laboratories (BOL) for Pap testing	Regions	Central Office	Annual (SFY)	Yes		Laboratory
1C.6c	Percent of essential laboratory services that have written/approved Continuity of Operations Plans (COOPs)	Central Office	Central Office	Annual (SFY)	Yes		Laboratory
1C.6d	State Laboratories meet standards for laboratory certifications and registrations	Central Office	Central Office	Annual (SFY)	Yes		Laboratory
1C.6e	Regional Laboratories meet standards for laboratory certifications and registrations	Regions	Central Office	Annual (SFY)	Yes		Laboratory
2A.1a	Number of state and region risk reduction partnerships	Both	Central Office	Annual (SFY)	Yes		Risk Reduction
2A.1b	Number of new partnerships for risk reduction	Both	Central Office	Annual (SFY)	No	Jul-08	Risk Reduction
2A.2a	Number of risk reduction trainings (include train-the-trainer) sessions provided	Both	Central Office	Annual (SFY)	Yes		Risk Reduction
2A.2b	Percent of risk reduction trainings (include train-the-trainer) that are best practice or based on most recent assessment of need	Both	Central Office	Annual (SFY)	Yes		Risk Reduction
2A.2c	Number of risk reduction activities (excluding trainings and train-the-trainer) that support and/or promote best practice	Both	Central Office	Annual (SFY)	Yes		Risk Reduction

**Central Office D Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
2A.2d	Number of child care centers trained in Color Me Healthy	Central Office	Central Office	Annual (SFY)	Yes		Obesity
2A.2e	Percent of Head Start sites trained in Color Me Healthy	Central Office	Central Office	Annual (SFY)	Yes		Obesity
2A.2f	Number of child care centers trained on the Nutrition and Physical Activity Self-Assessment for Child Care (NAP-SACC) assessment tool	Central Office	Central Office	Semi-Annual	Yes		Obesity
2A.3a	Percent of SC Public School Districts that adopt the model tobacco free policy	Both	Central Office	Semi-Annual	Yes		Tobacco
2A.3b	Percent of hospitals that adopt and implement comprehensive campus-wide smoke free policies	Both	Central Office	Semi-Annual	Yes		Tobacco
2A.3c	DHEC HS will adopt policy to implement the Public Health Service Guidelines for tobacco use and dependence with all of its clinical clients	Central Office	Central Office	Annual (SFY)	Yes		Tobacco
2A.5a	Number of provider trainings implemented by the Best Chance Network (BCN) on breast and cervical cancer	Central Office	Central Office	Semi-Annual	Yes		Cancer
2A.5b	Number of providers trained by the Best Chance Network (BCN) on breast and cervical cancer.	Central Office	Central Office	Semi-Annual	Yes		Cancer
2B.1a	Percent of pre-school aged children (19-35 months) who are fully immunized as defined by 4:3:1:3:3	Central Office	Central Office	Annual (SFY)	Yes		Immunization
2B.1b	Percent of pre-school aged children (19-35 months) who are fully immunized as defined by 4:3:1:3:3:1	Central Office	Central Office	Annual (SFY)	Yes		Immunization
2B.2a	Percent of White seniors 65+ receiving a flu shot within the past twelve months	Both	Central Office	Annual (SFY)	Yes		Immunization

**Central Office D Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
2B.2b	Percent of non-White seniors 65+ receiving a flu shot within the past twelve months	Both	Central Office	Annual (SFY)	Yes		Immunization
2B.2c	Percent of White seniors who have ever received a pneumococcal shot	Both	Central Office	Annual (SFY)	Yes		Immunization
2B.2d	Percent of non-White seniors who have ever received a pneumococcal shot	Both	Central Office	Annual (SFY)	Yes		Immunization
2B.2e	Implement faith/health initiative addressing minority seniors immunizations	Central Office	Central Office	Annual (SFY)	Yes		Minority Health
2B.3a	Develop a registry that meets all 12 functional standards for a fully-operational population-based registry	Central Office	Central Office	Annual (SFY)	Yes		Immunization
2B.3b	Percent of children over 4 months and under 6 years of age, who are identified in a fully operational population-based registry, with at least two immunizations recorded	Central Office	Central Office	Semi-Annual	Yes		Immunization
2B.4a	Percent of immunization practices reviewed	Regions	Central Office	Semi-Annual	Yes		Immunization
2B.5a	Ratio of the total recommended vaccines to the number that are two-tier (not fully funded)	Central Office	Central Office	Annual (SFY)	Yes		Immunization
2C.1a	Percentage of Medicaid newborn infants receiving a postpartum newborn home visit	Regions	Central Office	Annual (SFY)	Yes		Women and Childrens Services
2C.3b	Percent of counties that have active Fetal Infant Mortality Review (FIMR)	Regions	Central Office	Semi-Annual	Yes		Perinatal Systems
2C.4a	Percent of pregnant women in need who are served by the WIC Program	Regions	Central Office	Annual (SFY)	Yes		Women Infants and Childrens Services
2C.4b	Percent of infants in need who are served by the WIC Program	Regions	Central Office	Annual (SFY)	Yes		Women Infants and Childrens Services

Central Office D Entry Measures
July 2007

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
2C.4c	Percent of children in need who are served by the WIC Program	Regions	Central Office	Annual (SFY)	Yes		Women Infants and Childrens Services
2C.4d	WIC total caseload	Regions	Central Office	Quarterly	Yes	Input monthly data quarterly	Women Infants and Childrens Services
2C.4e	Ratio of total food funds received to the amount spent	Central Office	Central Office	Annual (SFY)	Yes		Women Infants and Childrens Services
2C.5a	Percent of WIC infants who are breastfed	Regions	Central Office	Annual (SFY)	Yes		Women Infants and Childrens Services
2C.6a	Percent of infants screened for hearing impairment	Central Office	Central Office	Annual (SFY)	Yes		Women and Childrens Services
2C.6b	Percent of infants diagnosed with a hearing impairment that complete the referral process to case resolution	Central Office	Central Office	Annual (SFY)	Yes		Women and Childrens Services
2C.6c	Percent of infants diagnosed with hearing impairment enrolled in an early intervention program	Central Office	Central Office	Annual (SFY)	Yes		Women and Childrens Services
2C.6d	Percent of infants screened for inborn errors of metabolism and hemoglobinopathies	Central Office	Central Office	Annual (SFY)	Yes		Women and Childrens Services
2C.6e	Percent of infants receiving adequate follow-up on diagnoses for inborn errors of metabolism and hemoglobinopathies	Central Office	Central Office	Annual (SFY)	Yes		Women and Childrens Services
2C.8a	Percent of 15-17 year old family planning clients that return for their annual visit (Continuation rate).	Regions	Central Office	Semi-Annual	Yes		Family Planning
2C.8b	Percent of family planning need met based upon Guttmacher Institute estimates	Regions	Central Office	Annual (SFY)	Yes		Family Planning
2C.8f	Family planning caseload for initial family planning clients	Regions	Central Office	Annual (SFY)	Yes		Family Planning

**Central Office D Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
2C.8g	Family planning caseload for annual family planning clients	Regions	Central Office	Annual (SFY)	Yes		Family Planning
2C.8h	Total Family Planning caseload	Regions	Central Office	Quarterly	Yes	Input monthly data quarterly	Family Planning
2C.9a	Distribute and install child safety seats	Central Office	Central Office	Annual (SFY)	Yes		Injury and Violence Prevention
2C.9b	Install smoke alarms in targeted communities	Central Office	Central Office	Semi-Annual	Yes		Injury and Violence Prevention
2D.1b	Number of people reached by evidence-based prevention programs (excluding falls)	Central Office	Central Office	Semi-Annual	Yes		Healthy Aging
2D.1c	Number of people reached by evidence-based prevention programs addressing falls	Central Office	Central Office	Semi-Annual	Yes		Healthy Aging
2D.2a	Home Health Patient Outcomes: Percent of patients who require acute care hospitalization	Central Office	Central Office	Semi-Annual	Yes		Home Health
2D.2b	Home Health Patient Outcomes: Percent of patients showing improvement in ambulation /locomotion	Central Office	Central Office	Semi-Annual	Yes		Home Health
2D.2c	Home Health Patient Outcomes: Percent of patients showing improvement in transferring	Central Office	Central Office	Semi-Annual	Yes		Home Health
2D.2d	Home Health Patient Outcomes: Percent of patients showing improvement in pain interfering with activity	Central Office	Central Office	Semi-Annual	Yes		Home Health
2D.2e	Home Health Patient Outcomes: Percent of patients showing improvement in urinary incontinence	Central Office	Central Office	Semi-Annual	Yes		Home Health
2D.2f	Home Health Patient Outcomes: Percent of patients showing improvement in bathing	Central Office	Central Office	Semi-Annual	Yes		Home Health

**Central Office D Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
2D.2g	Home Health Patient Outcomes: Percent of patients showing improvement in management of oral medications	Central Office	Central Office	Semi-Annual	Yes		Home Health
2D.2h	Home Health Patient Outcomes: Percent of patients showing improvement in dyspnea	Central Office	Central Office	Semi-Annual	Yes		Home Health
2D.2i	Home Health Patient Outcomes: Percent of patients showing improvement in status of surgical wounds	Central Office	Central Office	Semi-Annual	Yes		Home Health
2D.2j	Home Health Patient Outcomes: Percent of patients who are discharged to the community	Central Office	Central Office	Semi-Annual	Yes		Home Health
2D.2k	Home Health Patient Outcomes: Percent of patients who need emergent care	Central Office	Central Office	Semi-Annual	Yes		Home Health
2D.3a	Establish a healthy aging coalition in the state	Central Office	Central Office	Semi-Annual	Yes		Healthy Aging
2E.1a	Percent of children with special health care needs will receive regular ongoing comprehensive care within a medical home	Regions	Central Office	Semi-Annual	Yes		Women and Childrens Services
2E.2a	Percent of children enrolled in Baby Net whose initial Individualized Family Service Plan (IFSP) was completed within 45 days of referral for BabyNet Services	Central Office	Central Office	Annual (SFY)	Yes		CSHCN
2E.2b	Percent of children 30 months of age with documented transition conference for pre-school services	Central Office	Central Office	Annual (SFY)	Yes		CSHCN
2E.3a	Number of women enrolled for breast and cervical cancer treatment under Option 3 of the Medicaid Treatment Act	Central Office	Central Office	Quarterly	Yes		Cancer

**Central Office D Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
2E.3b	Number of Best Chance Network (BCN) participants referred and enrolled under Option 1 of the Medicaid Treatment Act	Central Office	Central Office	Quarterly	Yes		Cancer
2E.4b	Percent of acute care and critical access hospitals that have adopted Get with the Guidelines	Central Office	Central Office	Annual (SFY)	Yes		Heart Disease Stroke Prevention
2E.4c	Percent of acute care and critical access hospitals that have a policy requiring emergency department staff to be trained in the Advance Stroke Life Support curriculum	Central Office	Central Office	Annual (SFY)	Yes		Heart Disease Stroke Prevention
2E.4d	Number of counties that have a policy requiring Emergency Medical Staff to be trained in the Advance Stroke Life Support curriculum	Central Office	Central Office	Annual (SFY)	Yes		Heart Disease Stroke Prevention
2E.5a	Percent of Federally Qualified Health Centers that have implemented the cardiovascular collaborative model	Central Office	Central Office	Annual (SFY)	Yes		Heart Disease Stroke Prevention
2E.5b	Percent of rural health care centers that have implemented the cardiovascular collaborative model	Central Office	Central Office	Annual (SFY)	Yes		Heart Disease Stroke Prevention
3A.1a	Number of HIV/AIDS education and awareness activities implemented in minority communities	Central Office	Central Office	Annual (SFY)	Yes		Minority Health
3A.2a	Percent of HIV prevention providers who have received at least one DHEC supported capacity building assistance episode in the design, implementation or evaluation of science-based HIV prevention interventions	Central Office	Central Office	Annual (CY)	Yes		STD/HIV
3A.3a	Number of HIV tests done by DHEC	Regions	Central Office	Quarterly	Yes		STD/HIV
3A.3b	Percent of newly identified, confirmed HIV positive test results returned to clients	Regions	Central Office	Semi-Annual	Yes		STD/HIV

**Central Office D Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
3A.3c	Percent of contacts with unknown or negative serostatus receiving an HIV test after Partner Counseling and Referral Services (PCRS)	Regions	Central Office	Quarterly	Yes		STD/HIV
3A.3d	Percent of contacts with a newly identified confirmed HIV positive test among contacts who are tested	Regions	Central Office	Quarterly	Yes		STD/HIV
3A.3e	Monthly number of clients served by the AIDS Drug Assistance Program (ADAP) through DHEC central pharmacy	Central Office	Central Office	Monthly	Yes		STD/HIV
3A.3f	Number of Ryan White clients served by SC Part B service providers	Central Office	Central Office	Annual (CY)	Yes		STD/HIV
3A.3g	Percent of Ryan White Part B service provider funds spent on core services	Central Office	Central Office	Annual (CY)	Yes		STD/HIV
3A.4a	Percent of HIV infected pregnant women who receive appropriate intervention to prevent perinatal transmission	Central Office	Central Office	Annual (CY)	Yes		STD/HIV
3A.4b	Proportion of HIV infected pregnant women whose infants are perinatally infected	Central Office	Central Office	Annual (CY)	Yes		STD/HIV
3A.5a	Percentage of early syphilis cases interviewed within 3 calendar days of assignment	Regions	Central Office	Quarterly	Yes		STD/HIV
3A.5b	Number of suspects and associates (clusters) initiated per early case of syphilis interviewed (cluster index).	Regions	Central Office	Quarterly	Yes		STD/HIV
3A.5c	Number of early syphilis cases interviewed with at least one contact and/or suspect prophylactically treated or newly diagnosed and treated (disease intervention index)	Regions	Central Office	Quarterly	Yes		STD/HIV
3A.5d	Number of RPR tests done in DHEC clinics	Regions	Central Office	Quarterly	Yes		STD/HIV

**Central Office D Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
3A.6a	Percent of DHEC family planning and STD clinic clients with positive chlamydia tests that are treated within 30 days of the specimen collection date	Regions	Central Office	Quarterly	Yes		STD/HIV
3A.6b	Percent of DHEC family planning and STD clinic clients with positive gonorrhea tests that are treated within 30 days of the specimen collection date	Regions	Central Office	Quarterly	Yes		STD/HIV
3A.6c	Number of chlamydia tests done in DHEC clinics	Regions	Central Office	Quarterly	Yes		STD/HIV
3A.6d	Number of gonorrhea tests done in DHEC clinics	Regions	Central Office	Quarterly	Yes		STD/HIV
3A.7a	Percent of patients who start and complete a prescribe treatment regimen in < 12 months of treatment initiation	Regions	Central Office	Quarterly	Yes		Tuberculosis Control
3A.8a	Complete annual assessment of community water systems using data from CDC's Water Fluoridation Reporting System (WFRS) by September of each year	Central Office	Central Office	Annual (SFY)	No	Oct-07	Oral Health
3B.1a	Percent of Medical Advisors from the Community Health Centers (CHC), with a Memorandum of Agreement (MOA), who attend at least one Diabetes Prevention and Control Program (DPCP) sponsored educational session per year.	Central Office	Central Office	Annual (SFY)	Yes		Diabetes
3B.1b	Percent of Community Health Centers (CHC) with a MOA that receive at least one site visit per year	Central Office	Central Office	Annual (SFY)	Yes		Diabetes

**Central Office D Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
3B.1c	Percent of Community Health Centers (CHC) with a MOA that received at least one site visit and implemented at least one systems level change	Central Office	Central Office	Annual (SFY)	Yes		Diabetes
3B.2a	Number of counties with DHEC sponsored American Diabetes Association (ADA) recognized Diabetes Self-Management Education (DSME) programs	Central Office	Central Office	Annual (SFY)	Yes		Diabetes
3B.2b	Percentage of DHEC DSME instructional staff that maintain the required 15 hrs of CEUs annually	Central Office	Central Office	Annual (SFY)	Yes		Diabetes
3B.2c	Percentage of clients served by DHEC DSME programs that show >1% decrease in their A1c value	Central Office	Central Office	Annual (SFY)	Yes		Diabetes
3B.2d	Percent of DHEC DSME clients who maintain their behavioral goals post education	Central Office	Central Office	Annual (SFY)	Yes		Diabetes
3B.2e	Percent of mini-grant funded local diabetes coalitions that met all objectives of their work plan	Central Office	Central Office	Annual (SFY)	Yes		Diabetes
3B.3a	Implement the Real Men Check-in Out Prostate Screening model in at least one additional area of the state	Central Office	Central Office	Annual (SFY)	Yes		Minority Health
3B.4a	Percent of minority women screened in the Best Chance Network Program (BCN)	Central Office	Central Office	Semi-Annual	Yes		Cancer
3B.4b	Percent of women with abnormal breast cancer screenings who receive timely and appropriate follow-up	Central Office	Central Office	Semi-Annual	Yes		Cancer
3B.4c	Percent of women with abnormal cervical cancer screenings who receive timely and appropriate follow-up	Central Office	Central Office	Semi-Annual	Yes		Cancer

Central Office D Entry Measures
July 2007

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
3B.4d	Percent of women screened in the Best Chance Network (BCN) program who have never or rarely been screened	Central Office	Central Office	Semi-Annual	Yes		Cancer
3B.6a	Number of faith groups that create plans supportive of tobacco use prevention and control, physically active lifestyles or healthy nutrition	Central Office	Central Office	Annual (SFY)	Yes		Risk Reduction
3B.6b	Number of churches in the AME diocese certified to conduct Search Your Heart (SYH) curriculum	Central Office	Central Office	Annual (SFY)	Yes		Heart Disease Stroke Prevention
3B.6c	Number of African American churches with health ministries addressing priority health disparities	Central Office	Central Office	Annual (SFY)	Yes		Minority Health
4C.2a	Percent of septic tank initial permit applications that were responded to within 15 calendar days	Regions	Central Office	Quarterly	Yes		Environmental Health
4C.2d	Number of new and repaired septic tank permits issued	Regions	Central Office	Quarterly	Yes		Environmental Health
5A.1a	Written plan developed for each Deputy Area (y/n)	Central Office	Central Office	Annual (SFY)	No	on hold	HS Personnel
5A.1b	Number of Regions and Central Office with workforce development plans that support Health Services' overall plan	Both	Central Office	Annual (SFY)	Yes		HS Personnel
5A.2a	Percent of employees who have completed the four agency required trainings within one year of hire	Both	Both	Annual (SFY)	No	Oct-07	HS Personnel
5A.2b	Percent of supervisory employees who have completed the four required trainings for supervisors	Both	Both	Annual (SFY)	No	Oct-07	HS Personnel
5A.2c	Percent of new employees participating in agency orientation within 4 months of hire	Both	Both	Annual (SFY)	No	Oct-07	HS Personnel
5A.2d	Percent of employees that have a current Employee Performance and Development Plan (EPDP)	Both	Central Office	Quarterly	Yes		Personnel

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**Central Office Data Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
5A.2e	Percent of employees with the Future Training and Development section of their Employee Performance and Development Plan (EPDP) completed	Both	Both	Annual (SFY)	No	Oct-07	HS Personnel
5A.2f	Number of Regional Leadership Team or Senior Leadership Team members participating in capacity building strategies (mentoring, coaching, job shadowing)	Both	Both	Annual (SFY)	Yes		HS Personnel
5A.2g	Percent of new employees in Central Office going through Health Service's orientation within 6 months of their initial hire.	Central Office	Central Office	Semi-Annual	Yes		HS Personnel
5A.2h	Number of staff completing the Graduate Certificate Course, Certified Public Manager course, Management Academy for Public Health, and Southeast Public Health Leadership Institute	Both	Central Office	Annual (SFY)	Yes		HS Personnel
5A.2m	Percent of Advanced Practice Registered Nurses (APRN) with protocol reviews completed annually	Both	Both	Annual (SFY)	Yes		Nursing (Office)
5A.2n	Percent of fulltime nurses that receive 20 hours of training per year	Both	Both	Annual (SFY)	Yes		Nursing (Office)
5A.2o	Office of Public Health Education will maintain its designation by the National Commission for Health Education Credentialing (NCHEC) as a Multiple Event Provider (MEP) for continuing education contact hours (CECHs)	Central Office	Central Office	Annual (SFY)	Yes		Health Education (Office)
5A.2w	Percent of registered dietitians completing at least 20 continuing professional education (CPE) hours each year	Both	Both	Annual (SFY)			Nutrition (Office)

**Central Office Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
5A.4a	Number of Standing Ovals awarded through DHEC's general program	Both	Central Office	Semi-Annual	Yes		Personnel
5A.4b	Number of bonuses given from DHEC's general program	Both	Central Office	Semi-Annual	Yes		Personnel
5A.4c	Staff turnover rate	Both	Central Office	Annual (SFY)	Yes		Personnel
5B.2b	Number of systems following project management guidelines	Both	Central Office	Quarterly	Yes		OPIM
5B.2c	Number of Regions and CO that have annual IT plans that have been approved by the BIS and the Office of the State CIO	Both	Central Office	Annual (SFY)	Yes		OPIM
5B.2d	Number of Regions and CO using a software help desk tracking tool	Both	Central Office	Annual (SFY)	Yes		OPIM
5B.2e	Percent of servers that are less than or equal to 3-years old	Both	Both	Annual (SFY)	Yes		OPIM
5B.2f	Percent of active desktop computers that are less than or equal to 3 years old	Both	Both	Annual (SFY)	Yes		OPIM
5B.2g	Ratio of Information Resource Coordinators (IRCs) to FTEs supported	Both	Both	Annual (SFY)	Yes		OPIM
5B.4c	Percent of Regions, Bureaus and Office programs that have updated their information within the past 12 months, on the Agency's internet and intranet sites	Both	Central Office	Annual (SFY)	Yes		OPIM
5C.1a	Percent of DHEC units that have identified customers and their expectations and requirements, with a method for customer interaction, in writing	Both	Both	Annual (SFY)	No	on hold	Health Services Management (SLT Area)
5C.2b	Ratio of qualified Spanish interpreters to Limited English Proficiency (LEP) Spanish speaking client encounters as captured in CARES	Regions	Central Office	Annual (SFY)	Yes		Minority Health

**Central Office D Entry Measures
July 2007**

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
5C.2c	Percent of Limited English Proficiency (LEP) Spanish speaking client encounters in a clinical setting that used a telephone for interpretation	Regions	Central Office	Annual (SFY)	Yes		Minority Health
5C.3a	Percent of DHEC staff who have completed cultural competency training within one year of hire	Both	Central Office	Annual (SFY)	Yes		Minority Health
5D.1a	Inventory of products and services completed (yes/no)	Central Office	Central Office	Annual (SFY)	No	on hold	Health Services Operations
5D.1b	Number of products and services for which current cost information is available	Central Office	Central Office	Annual (SFY)	No	on hold	Health Services Operations
5D.2a	Status of operating budgets, by region and HS Central Office	Both	Central Office	Quarterly	Yes		Health Services Operations
5D.2b	Status of personnel budgets, by region and HS Central Office	Both	Central Office	Quarterly	Yes		Health Services Operations
5D.2c	Region non Home Health (S020 and S031) cash status	Regions	Central Office	Quarterly	Yes		Health Services Operations
5D.2d	Region Home Health cash status	Regions	Central Office	Quarterly	Yes		Health Services Operations
5D.4a	Projected earned revenue balance at end of year (S020 and S031)	Regions	Central Office	Quarterly	Yes		Health Services Operations
5E.1a	Percent of staff with access to GroupWise	Both	Central Office	Annual (SFY)	No	on hold	OPIM
5E.1b	Percent of staff with access to the internet and intranet	Both	Central Office	Annual (SFY)	No	on hold	OPIM
5F.1a	Percent of Central Office organizational units and Regions that complete Performance Management related tasks on time	Both	Central Office	Quarterly	No	Oct-07	OPIM
5F.3a	Percent of Central Office teams/committees that provide a written report on progress to SLT on established schedule	Central Office	Central Office	Semi-Annual	No	Jan-08	Health Services Management (SLT Area)

Central Office D Entry Measures
July 2007

Current Link to Strategic Plan	Measure for Go-Live July 2007	Applies to Regions, Central Office, or Both	Data Input Responsibility	Frequency	Data Entry due by August 31st	Date of First Data Entry if not August 31/ Other Notes	Organizational Unit
5F.3b	Percent of grants submitted by Central Office organizational units to Health Services Management within 10 calendar days of when the grant is due	Central Office	Central Office	Semi-Annual	No	Jan-08	Health Services Management (SLT Area)

Appendix F

Department of Health and Environmental Control
Agency Values

Values: Our values are guiding principles that describe how we conduct ourselves in carrying out our mission. Over the past five years we have implemented policies, training and services that reflect these values, and we will continue to do so in the future. Just as our goals provide direction for the future, our values provide the context within which we move toward our goals. The DHEC values include:

- **Customer service**
We are committed to meeting or exceeding customers' identified needs and expectations with quality service.
- **Teamwork**
We are committed to working together to make decisions and reach common goals.
- **Cultural Competence**
We are committed to cultural competence by recognizing, respecting, understanding, accepting and valuing different cultures in order to provide effective services to all our customers.
- **Use of Applied Scientific Knowledge for Decision Making**
We are committed to the use of rational methods and scientific knowledge to provide answers and to guide our professional judgement.
- **Local Solutions to Local Problems**
We are committed to cooperation and collaboration within the agency and with local resources to develop healthy communities that are active in improving their own health and environment. We will build awareness of health and environmental issues with citizens by using effective means of informing, educating, and engaging the public.
- **Excellence in Government**
We are committed to being an organization that is quality-focused and customer-driven.
- **Our Employees**
We are committed to supporting our staff who are our most important resource and critical to the accomplishment of our agency's mission.

Appendix G

Department of Health and Environmental Control
Agency Mission

Mission: *We promote and protect the health of the public and the environment.*

Our mission is an enduring and comprehensive statement of our purpose. It reflects who we are and why we exist. We are striving toward this mission in a time of change in health services arenas and amid rapid growth and changing demographics within our state. We are becoming more aware of the pressures that environmental, physical and social factors place on the public's health. We are facing unprecedented growth that impacts the viability of our environment and the quality of our air, land and water. We are also experiencing greater ethnic diversity and an expending population of retirees. Such changes compel us to reassess the strategies by which we can most effectively achieve our mission and values.

Appendix H



C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

MEMORANDUM

TO: Zina Hampton
Health Services Human Resources

FROM: David Goolsby, DVM, MS, MPH, DACVPM
Health Director, Public Health Region 2

SUBJECT: Workforce Continuity and Development Plan (WFCDP)

DATE: August 31, 2007

The Region Leadership Team embraced the WFCDP (hereafter referred to as the Plan), immediately following the Central Office/Health Services kickoff. After discussions and planning sessions within the RLT, two trainers (Malinda Martin, RN, and Keith Coleman BS, RES) were selected to represent Region 2 and to lead and coordinate our efforts. They attending the training in September 2006, and conducted follow-up sessions with the RLT on several occasions.

The two trainers began working with managers in the train-the-trainer role in January 2006, and continued through March 2007. They were successful in completing the training for managers and supervisors throughout the region.

The RLT advocated the Plan to all managers and supervisors, and explained the importance of the Plan and the process that we would undertake. At each of the three general staff meetings during this period, I also discussed the Plan. In these meetings, I further emphasized the importance of planning and the ongoing processes that ensure sound public health capacity for the long term.

In a memorandum to the RLT on January 5, 2006, I summarized guidelines we had discussed:

1. Provide information to staff that ensures awareness and equitable opportunities.
2. Develop and implement training for region managers and supervisors.
3. On a recurring basis, conduct needs assessment to determine probable vacancies among leadership team, managers, and supervisory personnel.

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4. Identify potential candidates for those positions, including evaluation of their specific interests.
5. Identify specific development needs (training, education, etc.) and the options available to meet those needs.
6. Ensure commitment from the candidate; each candidate will develop an individual training/development plan and will meet personal responsibilities as a prerequisite to committing agency resources.
7. Document efforts and successes.
8. Provide leadership and support with resources, and with personal commitment that models expectations.

A. Assessment of Current Workforce

Assessments of our staff capacity were conducted, as number of staff in the various classifications and years of service. (See Attachments A, Classification Data; and B, Graph depicting Disciplines and Years of Service.) Two members of the RLT that are working under the TERI option will terminate their employment during the next nine months. One point of note is the fact that the assessment and conclusion may be misleading in some situations. These situations - staff that join DHEC as a second career or a mid-career change will complete their career in public health prior to completing the generally-expected period of service for retirement – are not always apparent. Several areas face this challenge, including those of few numbers and without depth in their respective specialty (e.g. the RLT, and ancillary services).

Total Current Staffing (397)* Vacancies (52) not included

Nursing	Admin Services	Administration	Envir Health	Nutrition	Social Work
123	114	47	41	28	20

*Others include Ancillary (7), Health Education (5), PHP (2), and RLT (10).

Issues of continuity and career longevity/transition are variable among the disciplines. The 52 vacancies are also variable with the majority occurring in nursing, followed by administrative support. Total FTEs - 397 current staff and 52 vacancies – show a significant decrease continuing during the last several years. The following statements provide further specifics and also add clarity to the Attachments A and B, referenced above.

Nursing

- Nursing is relatively balanced with about 84% of the staff having less than 20 years of service.
- Specific classifications within the discipline are broadly distributed relative to total number and current tenure.
- Retirements of some nurses are projected in some very responsible positions such as a county nurse supervisor and program manager.

Administrative Support Services

- About 88% of the staff has less than 20 years of service.
- Fifty per cent of the staff have less than 10 years of service,

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- Five staff with 26+ years of service hold very responsible positions, including the senior supervisor in one health department
- These summations reflect the high turnover rate that persists in this discipline.

Administration

- Nearly 25% of the staff has 26+ years of service, including several supervisors.
- These projected losses in staff are dispersed over eight classifications, and some of these areas include only two persons.
- About 66% of staff in this area has less than 20 years of service.

Environmental Health

- Includes eight staff with 26+ years of service, representing nearly 20% of the total staff.
- Seven of these eight staff are Manager II (e.g. supervisory Rather than program manager).
- Nearly 75% of the staff has less than 20 years of service, and provide a good foundation for long-term planning.
- Nearly 50% of the staff in Environmental Health has less than 10 years in DHEC, providing added potential for the future.

Nutrition

- All staff have less than 15 years of service in DHEC.
- Forty-six percent of the staff has less than 5 years of service
- Almost 80% of the staff has less than 10 years in DHEC.
- These points underscore the constant high rate of turnover.

Social Work

- Staff are diffuse and imbalanced on the timeline of years of service.
- Seventy-five per cent of the staff of 20 has less than 15 years of service.
- Only one staff has 26+ years of service.

Other Disciplines

- No apparent challenges of continuity, knowledge transfer, etc. for staff in Staff of Health Education, or in Public Health Preparedness.
- Ancillary Services face the loss of one staff in a laboratory that requires only one person, creating a situation with no depth of support.
- Pharmacist requires a specific college degree and is only one position in the region.

Summary of Continuity Issues

- Turnover rate is high in some areas (i.e. Administrative Support Services, Nutrition), creating inability to solidify and develop staff.
- Turnover rate through resignation rather than through the predictable retirement prevents forecasting of losses.
- Specialized skills in areas with one/few individuals (i.e. Laboratory, Information Technology, Pharmacist, Administration-Budget Analyst) limit depth, and is unreasonable to employ backups.

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- **Inability to transfer specialized skills (e.g. requirement for college degrees, credentialing, etc.) for some necessary duties.**
- **Health Departments with only a few staff limits opportunities to develop supervisory skills in other persons, especially for positions such as site manager/supervisor at a health department (i.e. Administrative Support Services, Nursing).**
- **Inability to forecast [loss of continuity] in those unapparent situations in which staff depart due to age, health, etc., rather than longevity for traditional retirement.**
- **Attrition following changes in assignments, competition from other sources, or developing interests in an other career.**
- **Salary competition/recruitment from other entities and our limited ability to compete.**

The Training Grid created by the Central Office was widely used and provided a helpful summary. These results, specifically the individual responses, will influence the Individual Development Plan and the priorities for further training and skills improvements. A point of note is the fact that several staff, including members of the RLT and program managers, have successfully pursued professional training such as SEPHLI, MAPH, CPM, and graduate education.

B. Workforce Activities

The majority of those activities described in Attachment 1 of the WFCD Plan are used to some degree in the region. We are committed to supporting staff through: Formal Academic Education, Leadership Training and Development, Core Public Health Training, Mentoring, Coaching, and Recruitment and Retention. As resources permit, we will include Job Shadowing, and Job Rotation as options for staff.

Each member of the staff with supervisory responsibilities was given guidance to work with each individual that they supervise. The RLT also developed a supportive tool for the expected one-on-one discussion of supervisor with individual staff (Attachment C, Individual Assessment and Development Planning). The use of this tool is potentially significant for all parties and especially valuable to the individual.

The tool individualizes the supervisor-led discussion, which places the responsibility for career-related questions, planning, and direction in the hands of the individual. The process has the support of the supervisor and the region's leadership. This encouragement at the personal level is supported by the requirement for follow on tracking that will be accomplished as an aspect of the Employee Personnel Development Plan (EPDP).

The region has also made numerous voluntary organization reassignments that support workforce development objectives. Some of these include transitions of services and programs, while some occurred within services and programs.

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Examples include transfers from: Home Health to clinic-based services, Family Support Services to various programs/services, Post-Partum New Born Home Visits to the Tuberculosis Program, Family Planning to challenges at other locations, and Medical Records to the WIC Program.

The recent emphasis on personal accountability for reviewing and updating the personal training record is an additional step that helps unsure individual accountability. Recent advances in technology (e.g. the e-Learning tool) support the goal of personal responsibility for the management of individual training, in concert with competent supervisory support.

C. Long-Term Vision of the Region's Workforce

This summary addresses skills and functions. We first acknowledge that the source of funding is the most significant impact on the workforce. The current reality, persisting for several years, is a strong dependency on earned income/reimbursable services. Thus, we plan accordingly and attempt to sustain staff – competencies and functions – based on reimbursable services and programs. These direct services and programs have value to our clients and some impact on public health, but are not always based on science (i.e. acute versus chronic diseases) and a focus on population health. Incorporating practical business models into public health planning that focuses on population health would yield the greatest impact from public health resources.

We strive to make the long-term vision of skills and functions of public health staff toward population health and community development. This goal includes collaborative partnerships. (Collaborative partnerships are committed partners in the vision, the planning, and the common use of all resources.) Staff also remind me that we need enhanced technology and analytical skills to process information from clients. We also need bi-lingual staff; the agency could develop strategies that entice interests in obtaining language skills, and that further promote recruiting for these critical skills. Similar considerations should be given for dual/multiple skills that support our priorities and serve as force-multipliers in sustaining services, as this added capacity can be especially vital to continuity in locations with limited staff in some disciplines.

Emphasis on community assessments (e.g. Mobilizing for Action through Planning and Partnerships (MAPP), and MAPP-like processes) underscores the expectation of the next-steps. Responding to the results of MAPP and MAPP-like assessments require long-term investment, including leadership and expertise from public health staff. The participation of public health staff – conveners, facilitators, leaders, subject-matter-expertise, etc – will compete for limited resources.

As described above, funding of staff is largely driven by established functions and reimbursements. Health Education/Health Promotion staff are educated toward this work and generally represent public health in these endeavors. However, the fiscal challenges in recent years led to significant reduction in these staff. The fiscal

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constraints for the foreseeable future do not permit expanding this staff. San important prerequisite to involving staff in community development is the necessity for staff to receive train in community development, including conducting community assessments and developing collaborative partnerships.

D. Gap Analysis

Imminent changes within the RLT are a concern. The individual in the position as administrator for more than 15 years had planned to remain in this position through December 2007. Continuity planning was in place. However, continuity planning was pre-empted when the individual in this position abruptly vacated in sick leave status. We also know of an expected departure in 2008 of the person serving as the Director of Environmental Health. In this situation, continuity planning and staff development are sound and the transition will be uneventful.

We expect the Critical Public Health Staffing Plan implemented in 2007 to be an important resource, especially for the three disciplines directly impacted (i.e. nursing, nutrition, social workers). For example, the improved compensation for should be a factor in altering the status of limited longevity. Currently, each of this discipline has less than 15 years of service in DHEC; extended years of service - defined as continuity - will enhance opportunities for planning and for staff development.

The current distribution and options among nursing and among social workers present manageable projections for continuity and development. We do recognize that several nurses plan to depart during a three-year period of approximately 2010-to-2012. The fact that about 84% of this discipline has less than 20 years of service provides a sound foundation for continuity and development planning; many of the twenty nurses that have more than 20 years of service can be good mentors. For nurses, recruiting and retaining masters-level nurses and advanced-practice RNs are the most noted challenges. For social workers, 19 staff are broadly distributed and only one has 26+ years of service.

Similarly, retention is a concern in Administrative Support Services where about 88% of the staff has less than 20 years of service. Continuity plans supporting five very responsible positions in which each of these current staff has 26+ years of service is a recognized challenge. This highlights the point that the priority of 'continuity' precedes 'development'. As continuity of staff permits, opportunities to enhance the development of staff to compete for supervisory/management positions will be pursued.

The increasing demands of skills, especially for software and technology-related skills, raises concerns for continuity and development among these staff. Support for this concern can be addressed within the individual development plan with considerations of pursuing positions with this discipline, or preparing for positions in other disciplines. (e.g. Career development and enticing opportunities for the individual's continuity may include roadmaps with lateral options as well as vertical

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options.) We also know that the low rate of compensation in this discipline has a detrimental impact on workforce issues.

The competencies and distribution of years-of-service among the staff in Environmental Health and in Administration are generally balanced. These situations afford reasonable opportunities to conduct planning for staff continuity and development. Those unapparent situations described previously create the potential for challenges not readily addressed through anticipatory planning. Specific college education, technical skills, credentialing, etc., and the very small number of these staff (e.g. one per region, and/or one per health department) create these special circumstances.

E. Action Plan

The recognized leadership gaps were addressed above. Turn-over, retention, recruitment, compensation, skills and professional development. Workforce capacity –development and skills - was also addressed above. To summarize these points, needs exist for new/enhanced skills in: technology and software, language, cross-training/force-multiplier, community development, community assessment, developing collaborative partnerships, tuition reimbursement, graduate education, and supervisory support of individual skills development based on responses to the Training Grid. We will remain very astute in tracking supervisory performance that supports individual development.

The development plan for each staff member has been initiated using a specific tool developed locally (The Individual Assessment and Development Planning form). These plans include roadmaps that promote individual planning and development, supported by the supervisor and the region's leadership. In developing these plans, we have also encouraged broader thinking for career choices that offer either vertical or lateral career-choices that benefit the individual and the agency. Individual development is also related to the incorporation of performance management. The applicable use of each of these tools is tracked through the EPDP.

Leadership of the region - the RLT, managers, and supervisors - have the shared responsibility for implementing the plan. Along with each individual, they also have shared responsibility for the success of our collective efforts to ensure staff continuity and development. Sustaining a competent and viable workforce is inherent to the public health goals - the essential public health functions. The Region 2 Plan is also aligned with the agency's Performance Management objectives. Additionally, the Plan makes significant efforts to integrate principles of business management that support the goals of efficient and effective commitment of resources.

Appendix I

Individual Assessment and Development Planning SC DHEC Region 2

The purpose of this form is to conduct a personal assessment, and define a training and development plan. These steps encourage the employee to establish career goals and become familiar with core competencies and skills supporting their goals. The employee's supervisor should retain a copy of the completed form. Progress on implementation of this plan should be noted in the employee's annual EPDP in Part III: Future Training and Development. Support that is requested from the supervisor/agency should be noted in the annual EPDP in Part IV: Organizational Support.

Employee Name: _____ Date: _____

Current Title and Position: _____

Educational Background: _____

Positions in DHEC for which I would like to develop competencies/skills:

Currently eligible for desired position? ☐ Yes ☐ No

Position Desired	Education/Training Requirements (Refer to handout: "DHEC Health Services Work Force Strategies")			
	Formal Academic Training	Leadership Training & Development	Core Public Health Training	Job shadowing, job rotation, coaching

With the assistance and guidance of the immediate supervisor and based on requirements identified above, develop a plan to work towards career goals. _____

Appendix J

EPDP Focus Group Questions

1. Section A: Performance

Is the EPDP an effective means of evaluating the employee's performance? Is it working?

2. Feedback:

Does the EPDP process provide the employee an opportunity for feedback from the supervisor? Useful/adequate?

3. Section B: Values

Since the mid-90's, there's been a focus on our agency's values. The EPDP includes Values in Section B with a 10% weight. Does Section B adequately emphasize the importance of our agency's values? A yearly reminder?

4. Section C: Performance Characteristics

The EPDP includes Performance Characteristics like attendance, punctuality, teamwork in Section C with a 10% weight. Does Section C adequately emphasize the importance of our Performance Characteristics?

5. Section D

Point System: Should there be a change to the EPDP point system?

6. Overall Rating

Should there be a change to the five rating categories: Unsatisfactory, Marginal, Effective, Commendable, Outstanding? Should there be a change to the point system.

7. Part III: Training & Development

Does Part III of the EPDP provide an effective means of planning the employee's future training and development? Is it working? Helpful?

8. Part IV: Employee Input

Does the EPDP provide an opportunity for your input? Part IV offers an opportunity for suggestions on how the supervisor/coworker or agency management might better support you.

9. Additional Comments

Appendix K

EPDP Survey 11-03-08

1. Performance:

The EPDP is an effective means of evaluating my performance.

Strongly Disagree Disagree Neutral Agree Strongly Agree

2. Feedback:

The EPDP process provides me with useful feedback from my supervisor.

Strongly Disagree Disagree Neutral Agree Strongly Agree

3. Values: Since the mid-90's, there's been a focus on our agency's values. The EPDP includes Values in Section B with a 10% weight.

Section B of the EPDP adequately emphasizes the importance of our agency's values.

Strongly Disagree Disagree Neutral Agree Strongly Agree

4. Performance Characteristics: The EPDP includes Performance Characteristics like attendance, punctuality, teamwork in Section C with a 10% weight.

Section C of the EPDP adequately emphasizes the importance of the Performance Characteristics.

Strongly Disagree Disagree Neutral Agree Strongly Agree

5. Training & Development:

Part III of the EPDP provides an effective means of planning my future training and development.

Strongly Disagree Disagree Neutral Agree Strongly Agree

6. Region 2 implemented the Individual Assessment and Planning Tool during 2008.

The Individual Assessment and Planning Tool is a helpful tool in developing a plan to work toward my career goals.

Strongly Disagree Disagree Neutral Agree Strongly Agree

7. Employee Input:

The EPDP provides an opportunity for my input.

Strongly Disagree Disagree Neutral Agree Strongly Agree

8. Point System:

The EPDP point system is a satisfactory way to evaluate my performance.

Strongly Disagree Disagree Neutral Agree Strongly Agree

9. Overall Rating: The EPDP currently has five rating categories: Unsatisfactory, Marginal, Effective, Commendable, Outstanding.

We should keep the current five rating categories.

Strongly Disagree Disagree Neutral Agree Strongly Agree

10. My supervisor:

My supervisor uses the EPDP process effectively to provide feedback to me on my performance.

Strongly Disagree Disagree Neutral Agree Strongly Agree

11. My Supervisor:

My supervisor uses the EPDP process effectively to plan for my future development.

Strongly Disagree Disagree Neutral Agree Strongly Agree

12. **If you could make one change to the EPDP, what would you change?**

13. **What one thing do you like best about the EPDP?**

Appendix L

EPDP Analysis

Review the most current completed EPDP's in 10% of the employee's personnel file in Region 2 to evaluate volume and contents as follows:

A. Volume

Review of supervisor's comments in the narrative of the Rater's Section and the actual performance section for each of the job duties of the EPDP.

Criteria

- Word Count – Determine the volume of words written in the employee's EPDP evaluation that address each job duty. (Standard: 80 characters per line and six letters per word for average of 13.3 words per line.)

Scoring Scale for Each Job Duty

- Exceptional - > five lines or 67 words
- Acceptable – three to five lines or 40-67 words
- Unacceptable - < three lines or 40 words

B. Contents

Review of supervisor's comments in the narrative of the Rater's Section and the actual performance section for each of the job duties.

Criteria

- Describes employee's performance in terms of action.
- References employee's performance specifically for each job duty in what employee did during the rating period.
- Employee's performance is scaled and measured against success criteria indicated in the standard for each job duty in the EPDP.

Scoring Scale

- Exceptional- Completely meets all criteria specifically addressing each job duty.
- Acceptable- Meets at least two of the three criteria.
- Unacceptable- Meets < two of the criteria.

C. Training and Development

Review Part III of the EPDP evaluation.

Criteria

- Part III of the employee's EPDP is complete.
- The written information in Part III of the employee's EPDP is specific.(ie. Employee will complete the Introduction to Supervision Course.)
- Status of plan for the employee's training and development is referenced in the employee's EPDP evaluation for the rating period.

Scoring Scale

- Exceptional – Completely meets all criteria.
- Acceptable – Meets at least two of the three criteria.

- Unacceptable – Written information in Part III of the EPDP is vague (ie. Employee will improve his/her computer skills.) or not completed.

D. Employee Feedback

Review employee's comments in Part IV and Evaluation Stage Acknowledgement sections of the EPDP evaluation.

Criteria

- Employee provides feedback.
- Employee provides useful feedback with suggestions on how the supervisor, co-worker, and/or agency management can support him/her in present job and future career goals.

Scoring Scale

- Exceptional – Employee provides useful feedback specifically addressing how supervisors can support him/her in present job and career goals.
- Acceptable – Employee provides feedback.
- Unacceptable – Employee does not provide feedback.

E. Region 2 Individual Assessment and Planning Tool (IAPT)

Review the employee's IDP in the personnel file.

Criteria

- Employee's IAPT is complete.
- Employee's IAPT is referenced in the EPDP.
- Completed IAPT is attached to the employee's EPDP.

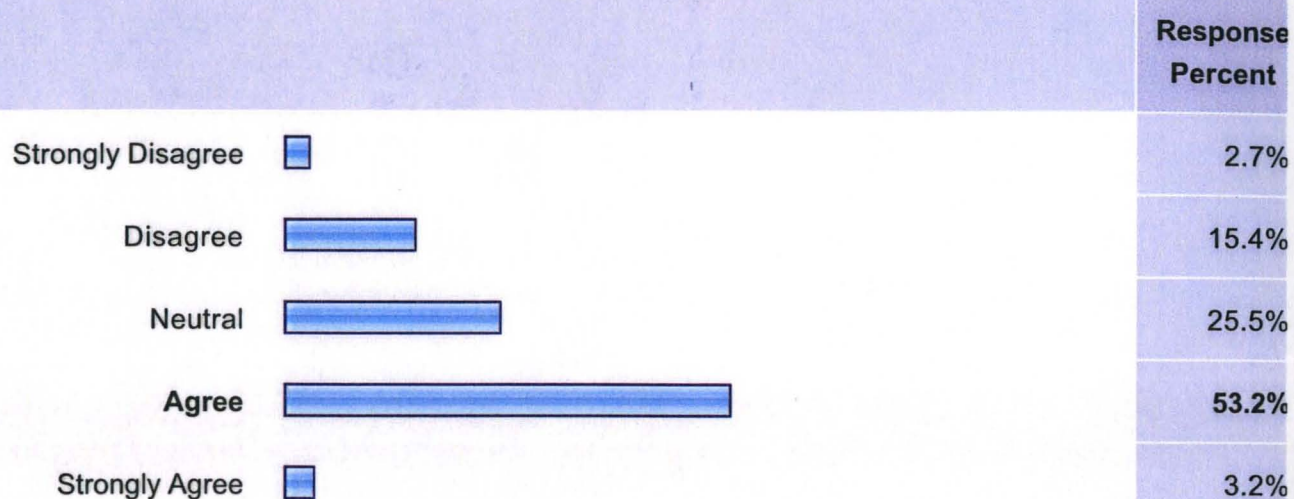
Scoring Scale

- Exceptional – Meets all criteria.
- Acceptable – Meets at least two of the three criteria.
- Unacceptable – Meets < two of the criteria.

Appendix M

EPDP Survey2

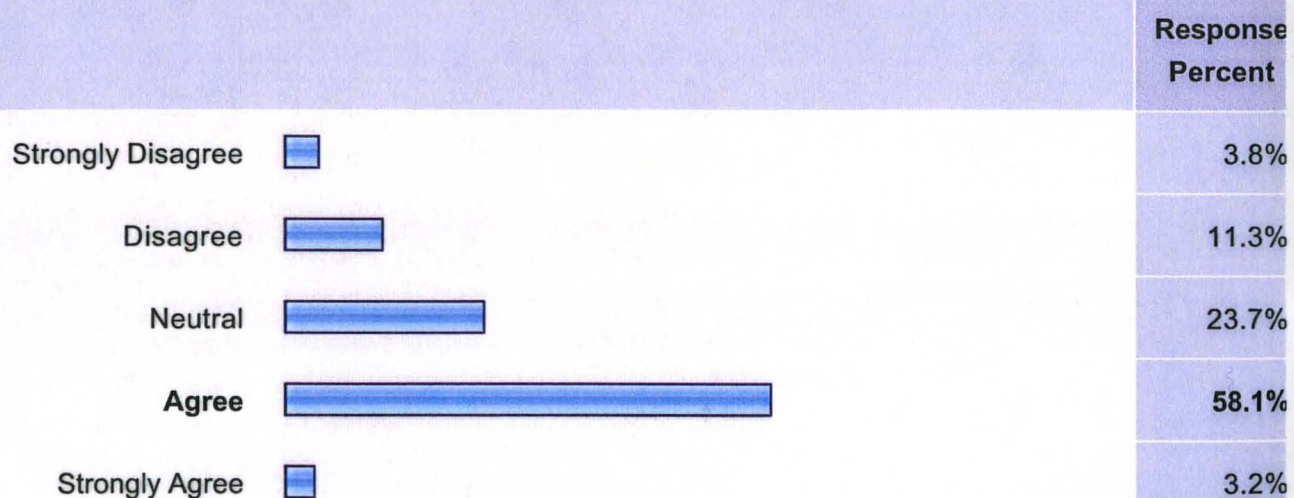
1. Performance: The EPDP is an effective means of evaluating my performance.



answered question

skipped question

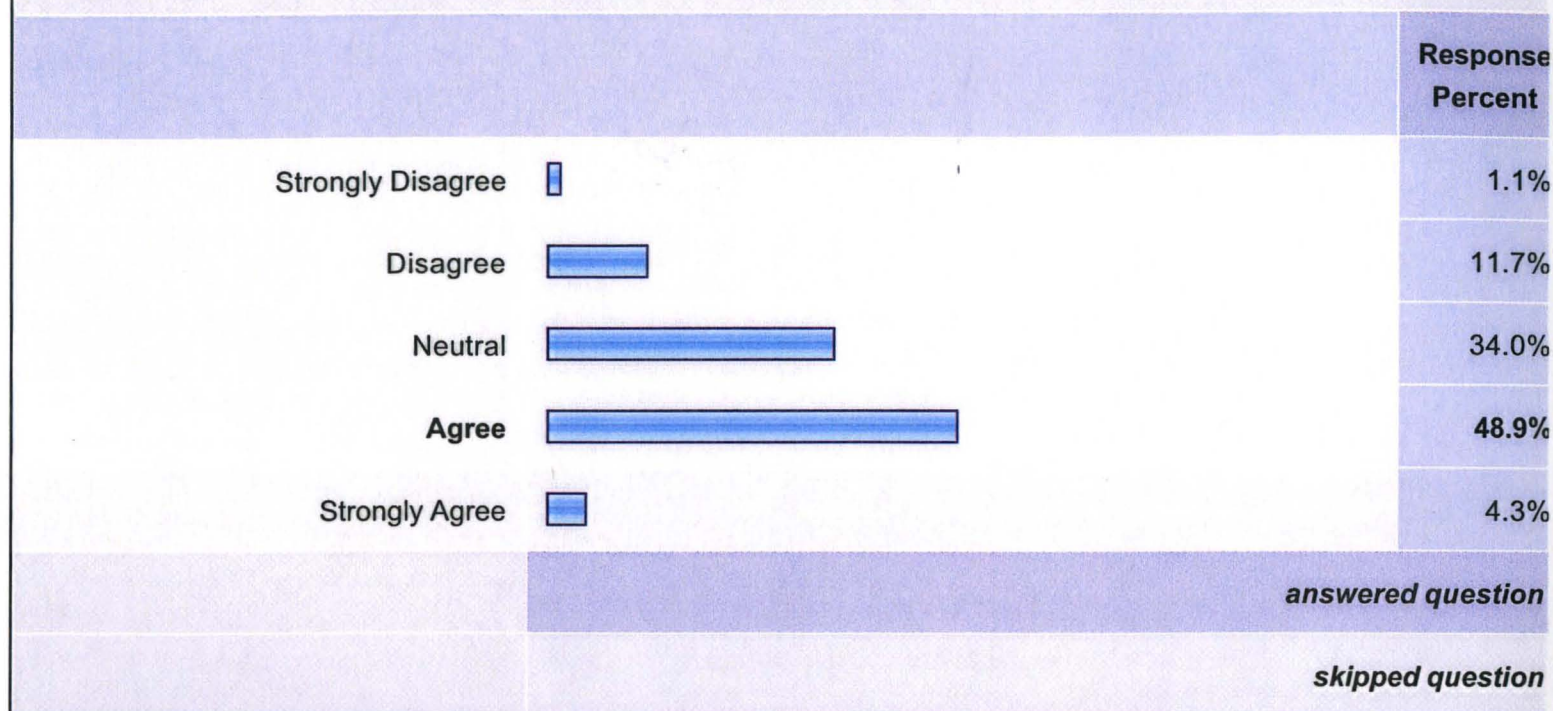
2. Feedback: The EPDP process provides me with useful feedback from my supervisor.



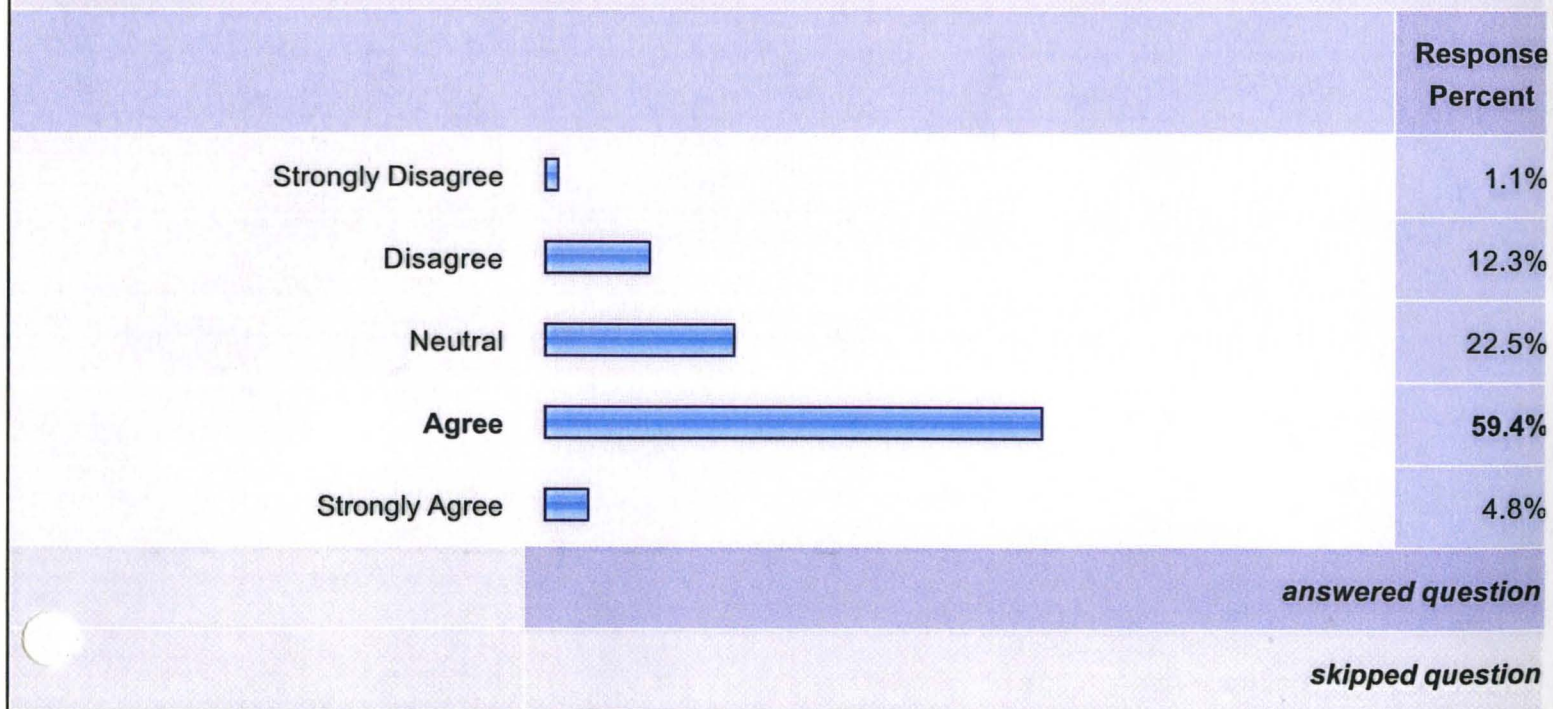
answered question

skipped question

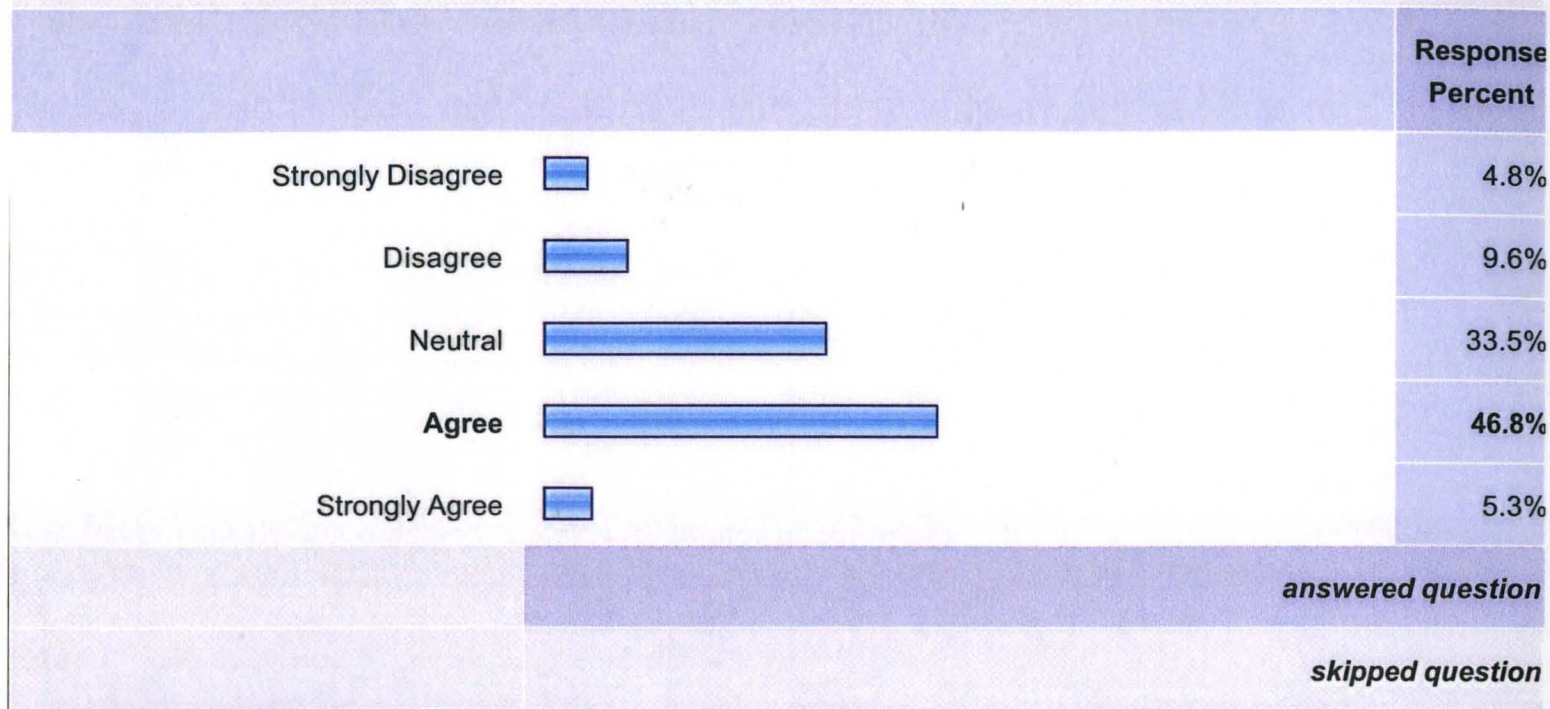
values: Since the mid-90's, there's been a focus on our agency's values. The EPDP includes Values in Section B with a 10% weight. Section B of the EPDP adequately emphasizes the importance of our agency's values.



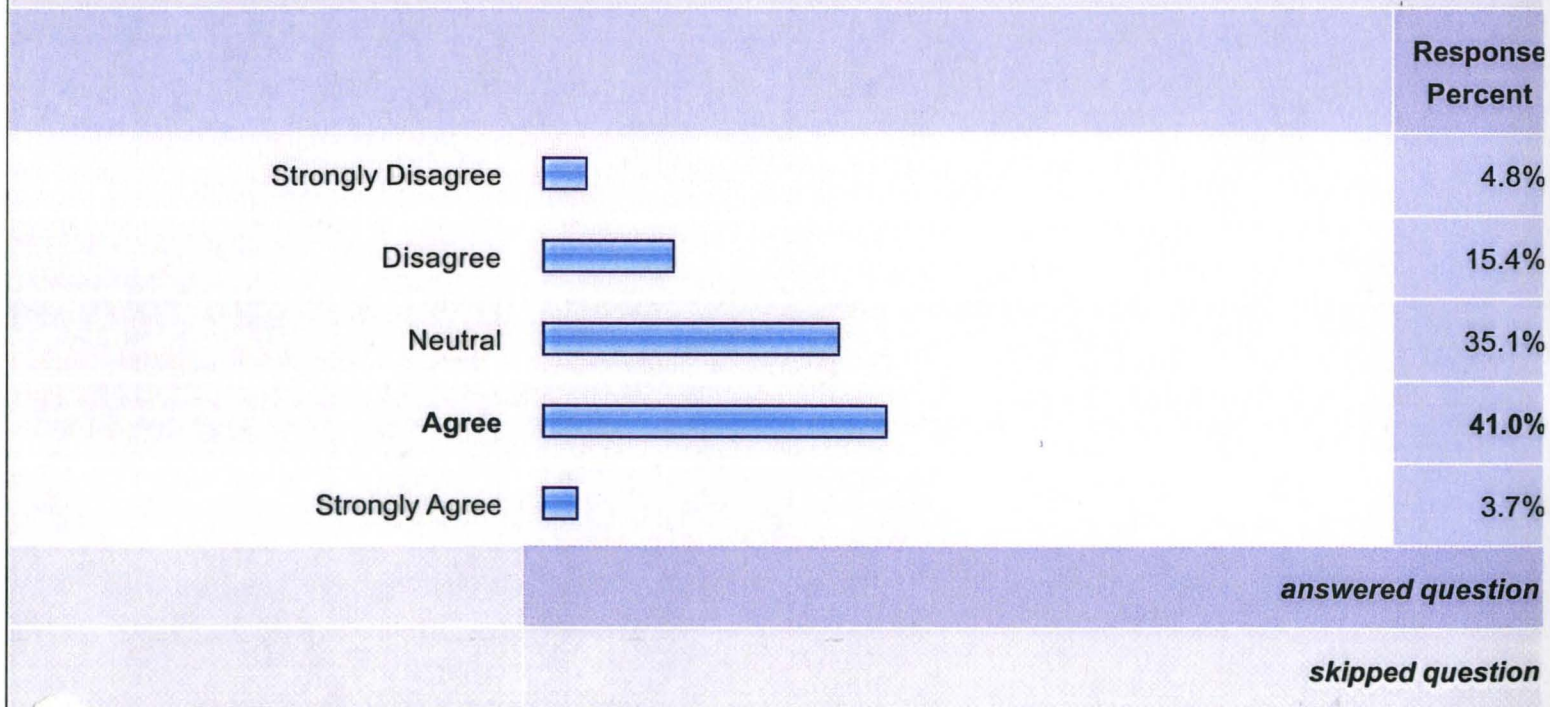
4. Performance Characteristics: The EPDP includes Performance Characteristics like attendance, punctuality, tea Section C with a 10% weight. Section C of the EPDP adequately emphasizes the importance of the Performance Characteristics.



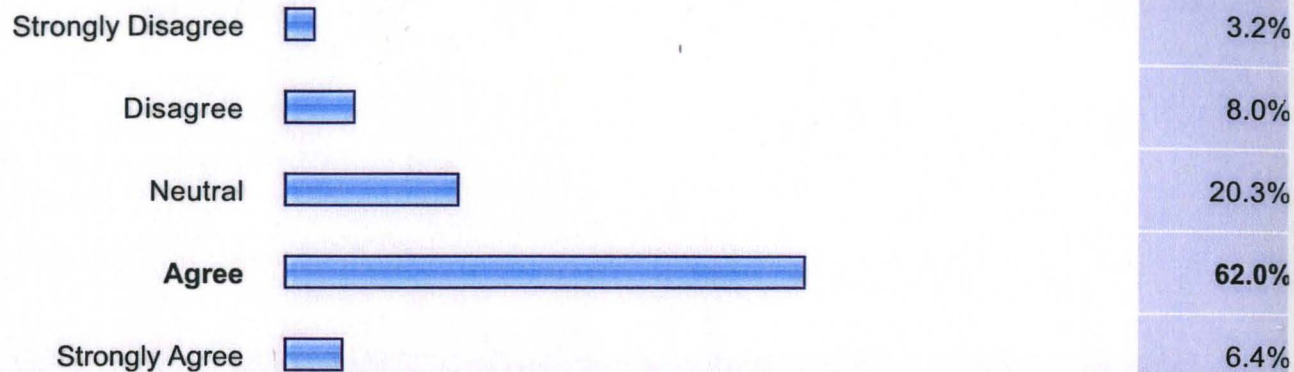
5. Training & Development: Part III of the EPDP provides an effective means of planning my future training and development



6. Individual Assessment and Planning Tool: Region 2 implemented the Individual Assessment and Planning Tool and The Individual Assessment and Planning Tool is a helpful tool in developing a plan to work toward my career goals.



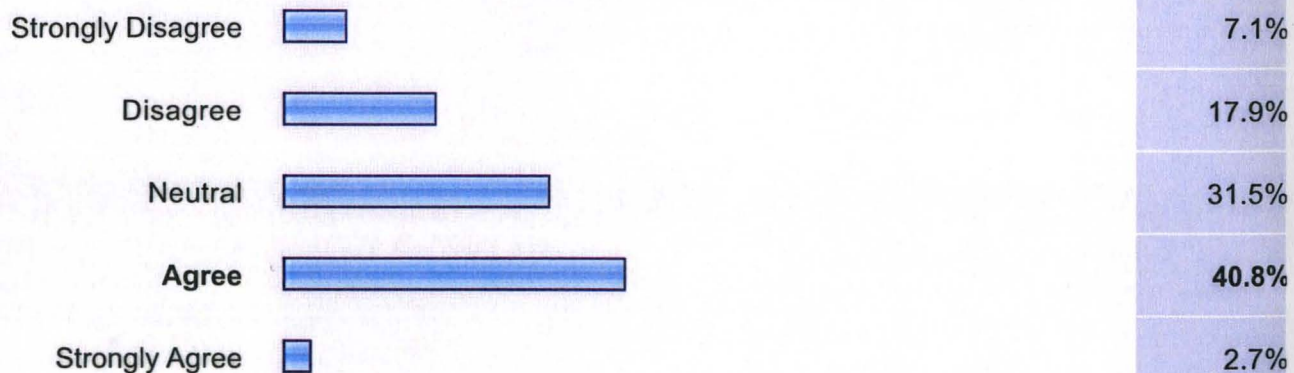
Employee Input: The EPDP provides an opportunity for my input.



answered question

skipped question

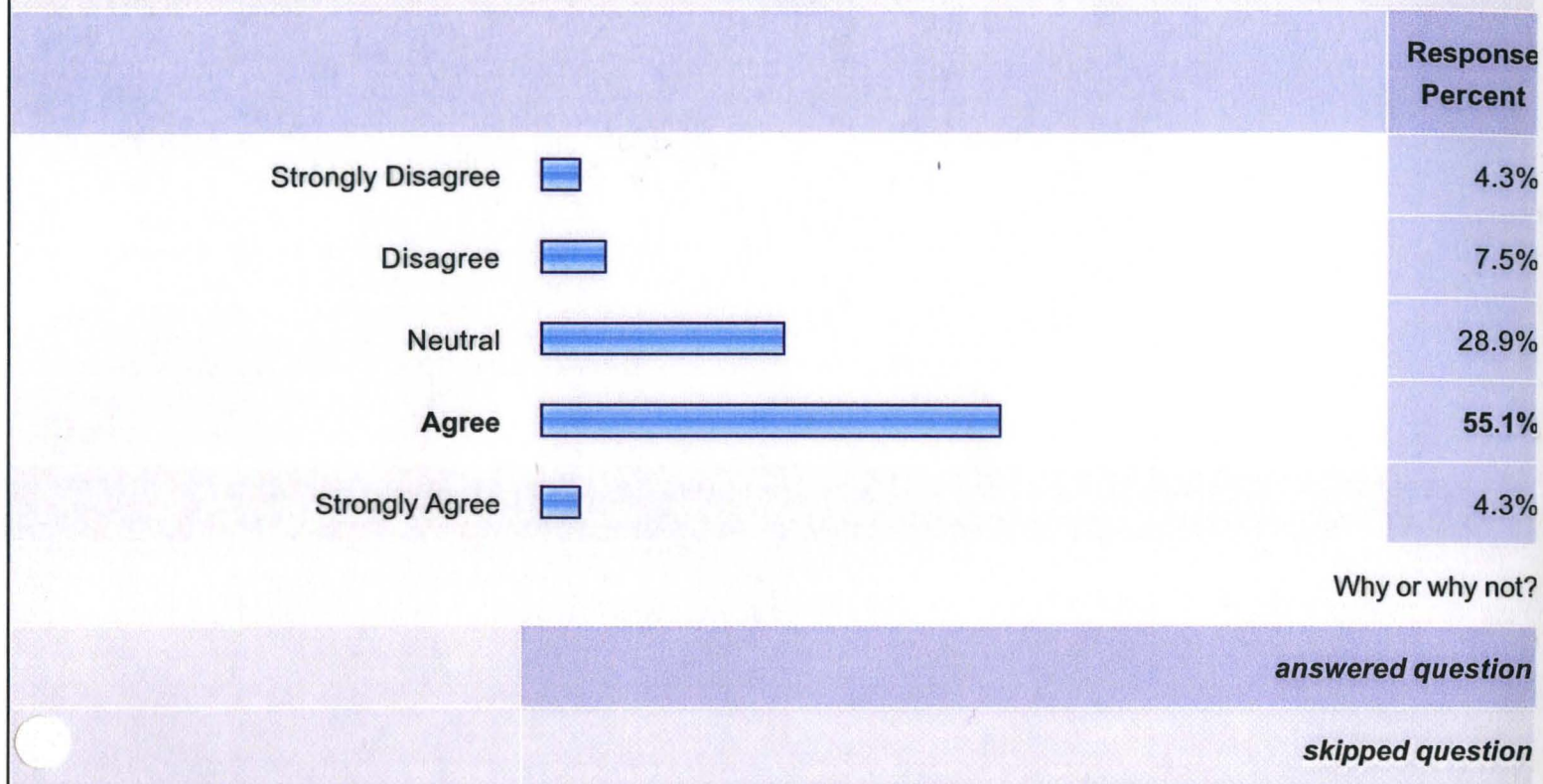
8. Point System: The EPDP point system is a satisfactory way to evaluate my performance.



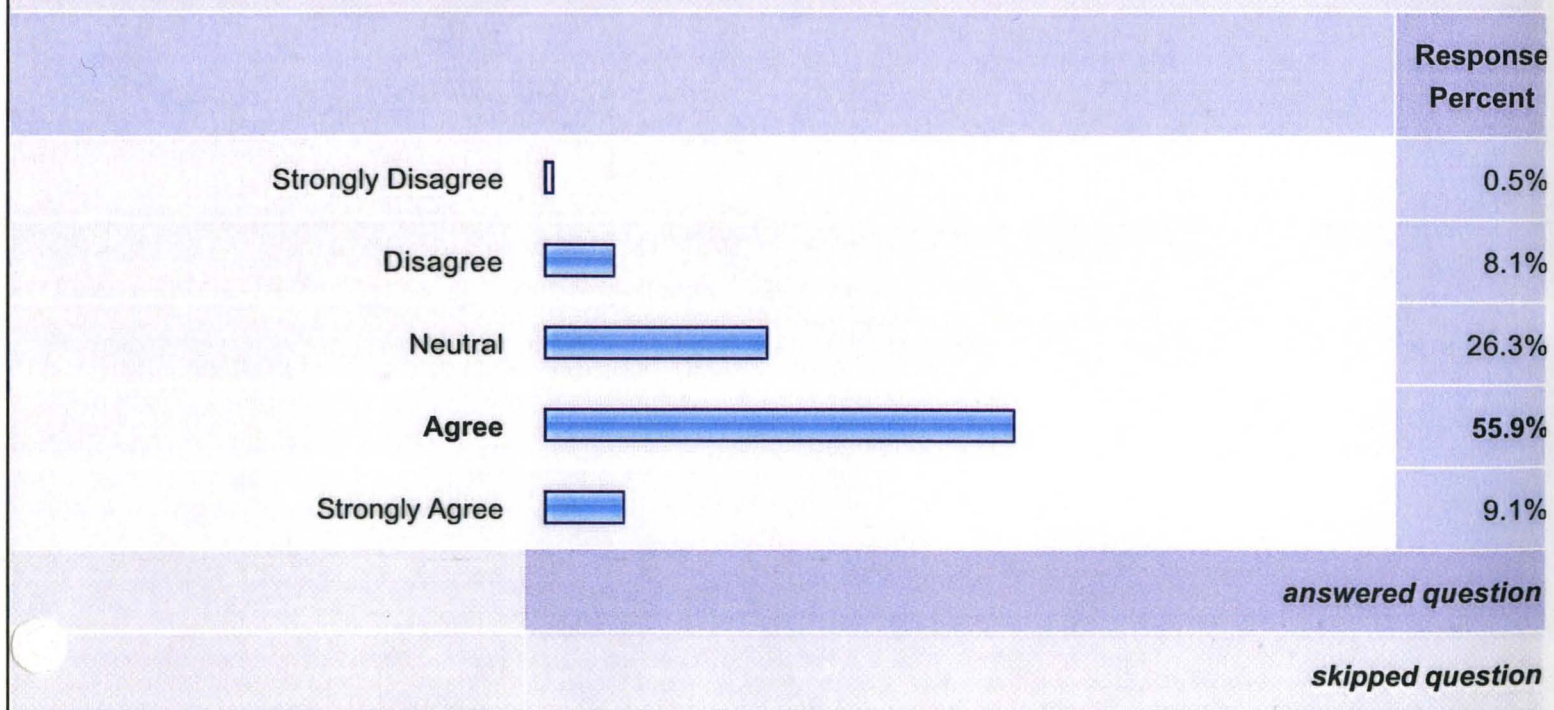
answered question

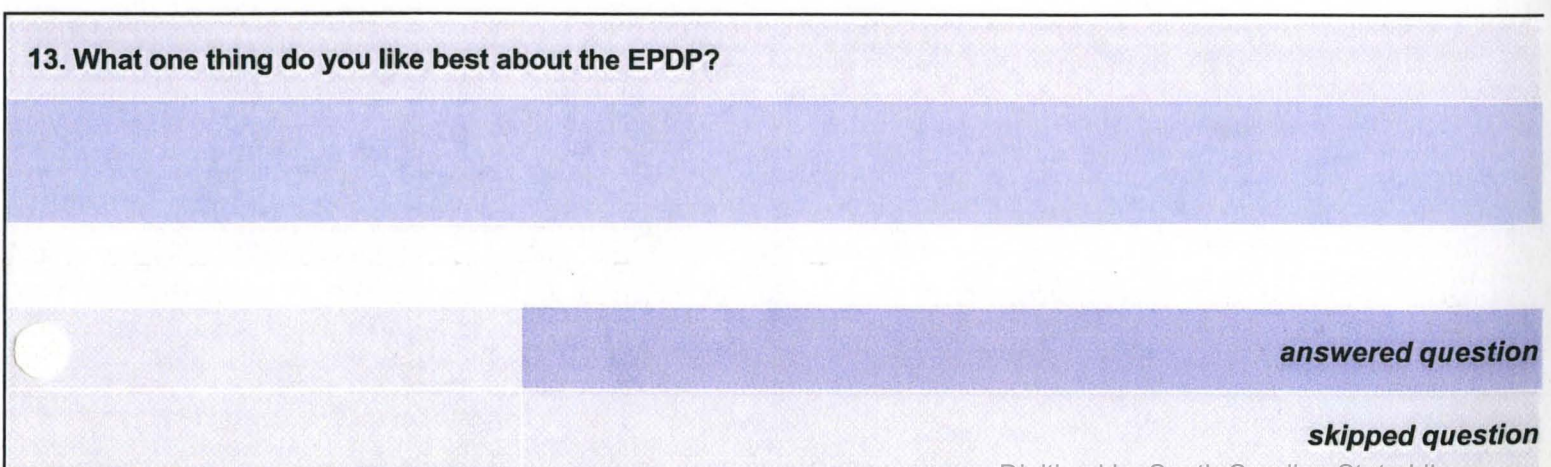
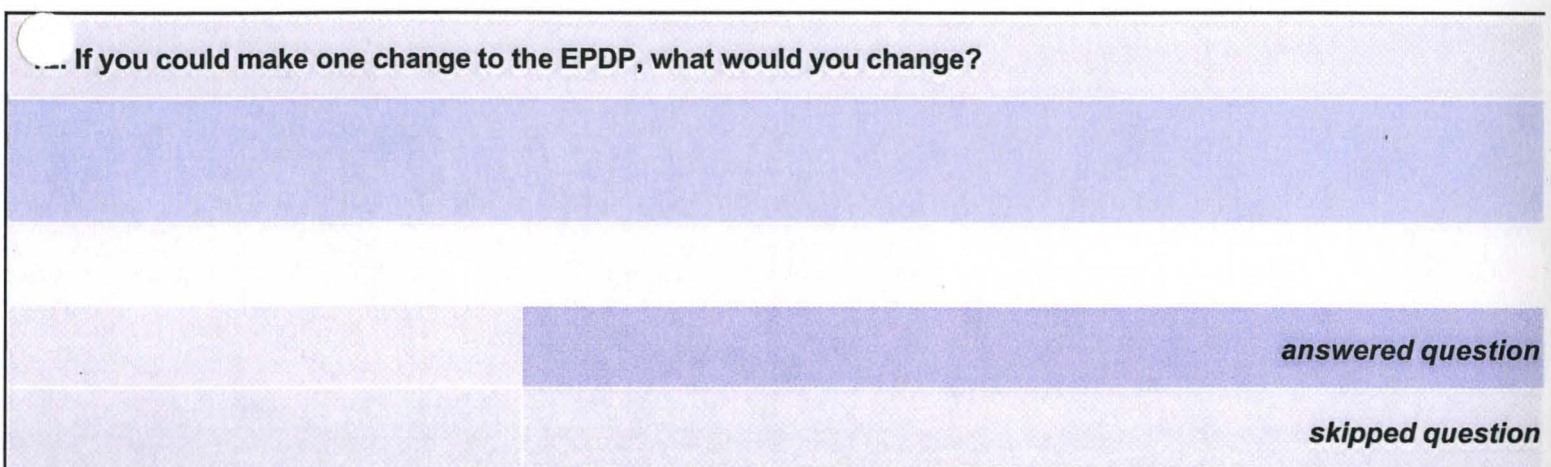
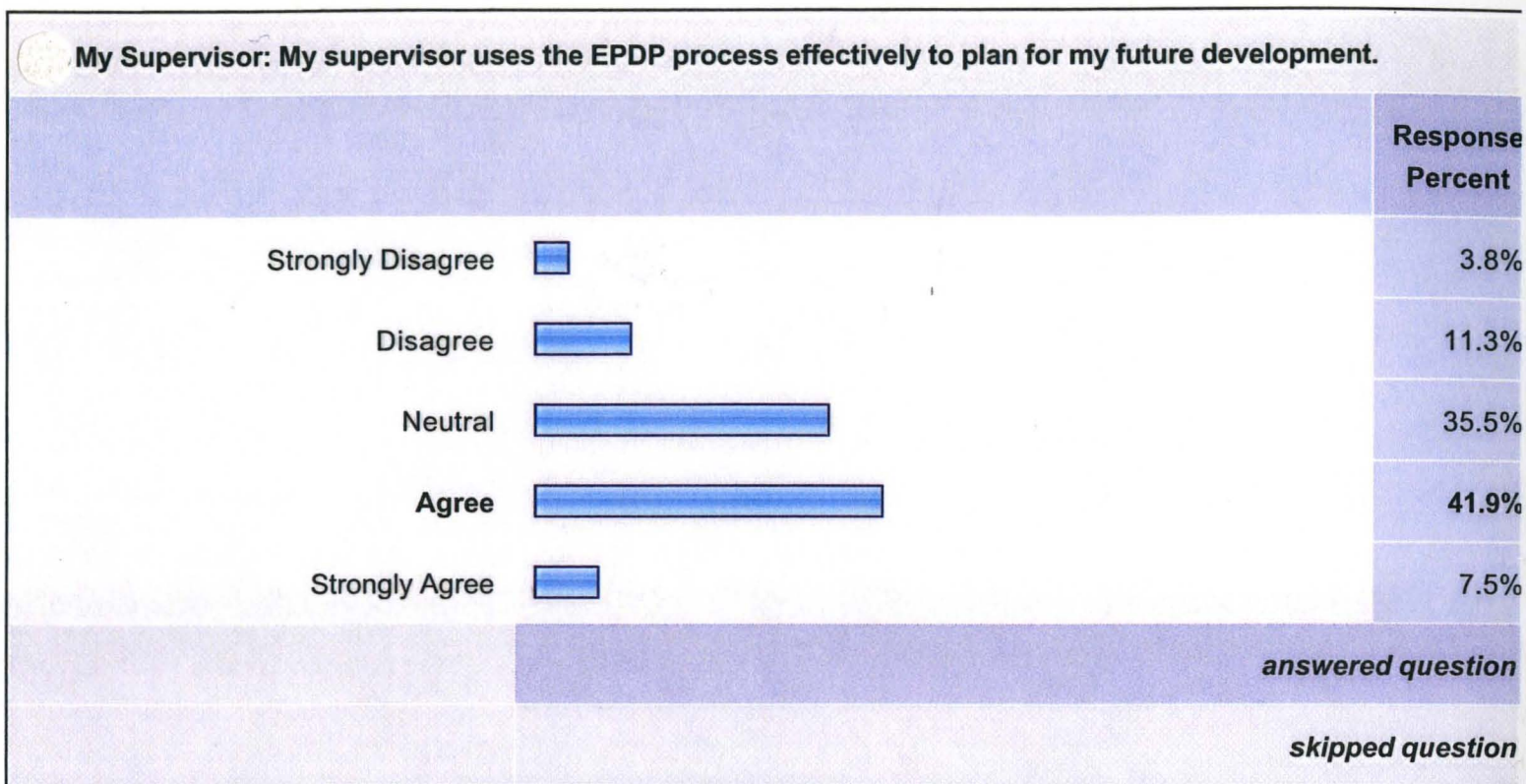
skipped question

Overall Rating: The EPDP currently has five rating categories: Unsatisfactory, Marginal, Effective, Commendable, Outstanding. We should keep the current five rating categories.



10. My Supervisor: My supervisor uses the EPDP process effectively to provide feedback to me on my performance





If you could make one change to the EPDP, what would you change?									
Respondents, "Response Date", "Response Text"									
1	11/17/2008 1:16:00 PM	"Scrap the whole thing"							
2	11/17/2008 1:17:00 PM	"No change required."							
3	11/17/2008 1:26:00 PM	"i think raises should be based on this tool - not across the board"							
4	11/17/2008 1:30:00 PM	"Make it simpler---Do away with the self-evaluation"							
5	11/17/2008 1:30:00 PM	"Make it an effective, utilized tool with some value and meaning and not a manipulated, required means of meeting a personnel requirement"							
6	11/17/2008 1:37:00 PM	"Stop it's use"							
7	11/17/2008 1:37:00 PM	"none"							
8	11/17/2008 1:40:00 PM	"Eliminate the numeric point scale, which to me seems very arbitrary, e.g., who can truly and accurately distinguish an employee's performance as a 3.45 vs. a 3.51?"							
9	11/17/2008 1:41:00 PM	"I would change the part regarding future development. I don't think this part is very effective for helping employees plan for their future growth within DHEC. Many employees are not even aware of other positions that they would qualify for so I don't see how we are supposed to list them as future goals."							
10	11/17/2008 1:41:00 PM	"Having the points on the actual evaluation: Have the supervisor use the points to make their decisions, but only discuss the actual rating with the employee on each job duty and the final rating. The employees get ""hung up"" on the points and some just don't understand."							
11	11/17/2008 1:41:00 PM	"Just make it shorter so it doesn't take so much time to complete."							
12	11/17/2008 1:41:00 PM	"Consider if the points are too compact; would total of ten (10) provide more distinction between categories than the total of five (5)?"							
13	11/17/2008 1:44:00 PM	"I would change those % numbers that are being used now. Somewhat confusing. I prefers the 10%; 20% numbers."							
14	11/17/2008 1:48:00 PM	"Require a signature line or similar system for documenting that the supervisor reviewed the EPDP with staff. I receive mine in a courier envelope with a post it note asking me to sign it."							
15	11/17/2008 1:49:00 PM	"I think if a supervisor thinks they have ""Outstanding"" employees, then they should be able to do so with ""approval."" After all, who know's better if an employee is outstanding than the direct supervisor. Supervisors need to be able to reward employees and should be able to give raises w/o the raise being vetoed by the Regional Health Director..."							
16	11/17/2008 1:53:00 PM	"Let each supervisor have the power to elect an employee for outstanding without having to have it approved."							
17	11/17/2008 2:06:00 PM	"Take away the point system."							
18	11/17/2008 2:14:00 PM	"Cannot think of anything"							
19	11/17/2008 2:33:00 PM	"Another category between commendable and outstanding"							
20	11/17/2008 2:34:00 PM	"Make it less complicated and TIMELY to fill out"							
21	11/17/2008 2:34:00 PM	"The outstanding category is not used consistantly. Many workers substantially exceed the work requirements - do much more than the average worker in work output, creativity, and customer service- and yet, do not get approved for the outstanding category. There is much subjectivity in this category. Perhaps some examples for supervisors would help define this category."							
22	11/17/2008 2:47:00 PM	"Agency values and personal characteristics are redundant re: Teamwork and customer service."							
23	11/17/2008 2:47:00 PM	"Agency values and personal characteristics are redundant re: Teamwork and customer service."							
24	11/17/2008 4:18:00 PM	"Not to have this process at all."							
25	11/17/2008 4:27:00 PM	"Performance and development should be totally separate considerations."							
26	11/17/2008 5:14:00 PM	"The ability to change it during the year other than a job title change."							
27	11/17/2008 5:26:00 PM	"Rethink the scoring system. Hard to capture effective rating with current system."							
28	11/17/2008 6:15:00 PM	"Explanations of each category and set reasonable goals to reach the next highest one. Give outstanding as a reachable goal."							

34,11/17/2008 9:16:00 PM,"It is a good planning tool."									
35,11/17/2008 9:47:00 PM,"Nothing--this form is bad for morale."									
36,11/18/2008 1:42:00 PM,"The opportunity to comment on the EPDP."									
37,11/18/2008 2:02:00 PM,"n/a"									
38,11/18/2008 2:17:00 PM,"It is not very effective--just something that has to be done for the record. Things to change- caring work environment, open communication, reward and recognition, training and development, flexibility in work schedule; people want to feel management cares and is concerned for them as individuals"									
39,11/18/2008 3:35:00 PM,"The entire EPDP used to be more subjective when I first came to work here. In recent years it has been changed in such a way as to better achieve a more objective rating. I think this is a definite improvement."									
40,11/18/2008 6:53:00 PM,"You are able to plan effectively for the future development. You are also able to advise what you would like to focus on in the agency."									
41,11/19/2008 5:54:00 PM,"It gives the employee an opportunity to express their interests for future training and development."									
42,11/19/2008 9:11:00 PM,"Use of a point scale is a good visual cue, but I am not sure the current scale is used comparably across disciplines and programs."									
43,11/20/2008 2:08:00 PM,"Requires a staff member to regularly exam job performance and consider seriously career goals."									
44,11/20/2008 2:12:00 PM,"Each entity can see what other job duties that they are performing outside of their own job description."									
45,11/20/2008 2:16:00 PM,"The section that contains the rater comments."									
46,11/20/2008 2:24:00 PM,"KNOWING THAT YOU ARE DOING YOUR JOB & DOING IT WELL"									
47,11/20/2008 2:25:00 PM,"the point system"									
48,11/20/2008 2:51:00 PM,"Lets me know that I'm doing a good job."									
49,11/20/2008 2:59:00 PM,"Get feedback from supervisor on performance during the year and if changes need to be made."									
50,11/20/2008 3:13:00 PM,"It provides me the option of noting my opinion."									
51,11/20/2008 3:26:00 PM,"If the EPDP is used the correct way it is a good tool. When a supervisor (has retired) hands you your EPDP and planning stage and tells you to read it and if you have any questions, you will discuss. If not, sign and date and return to her."									
52,11/20/2008 3:34:00 PM,"It does not take a lot of time with narratives unless you want to write a narrative."									
53,11/20/2008 3:47:00 PM,"It only comes once a year"									
54,11/20/2008 4:05:00 PM,"Time to evaluate and sit down with supervisor, plan future in work, etc."									
55,11/20/2008 4:10:00 PM,"It does give both the rater and reviewer and opportunity to express written remarks re: job performance of employee."									
56,11/20/2008 4:17:00 PM,"No comment"									
57,11/20/2008 4:28:00 PM,"It allows for the staff to have a comment section; based on what they want to say regarding their evaluation."									
58,11/20/2008 4:45:00 PM,"If tools are used appropriately, valuable input can be gathered from the employee being rated and other appropriate staff. Unfortunately peers are not always objective in their rating and very little narrative is provided."									
59,11/20/2008 5:48:00 PM,"The Planning stage helps to identify future expectations and responsibilities clearly for increased staff development."									
60,11/20/2008 6:09:00 PM,"Somewhat gives you supervisors feedback about your job"									
61,11/20/2008 6:29:00 PM,"It doesn't take much time."									
62,11/20/2008 8:10:00 PM,"Somewhat more objective than the previous method."									
63,11/20/2008 9:27:00 PM,"feedback from my supervisor"									
64,11/21/2008 1:36:00 PM,"It lets the employee know what is expected from them."									
65,11/21/2008 6:47:00 PM,"nothing"									

Overall Rating - The EPDP currently has five rating categories: Unsatisfactory, Marginal, Effective, Commendable, Outstanding. We should keep the current five rating categories.

Respondents,"Response Date","Why or why not? "

1,11/17/2008 1:16:00 PM,"Too general"

2,11/17/2008 1:30:00 PM,"I do not think there are any better ways to rate it."

3,11/17/2008 1:30:00 PM,"They, as is the EPDP, are perceived as being a useless tool with little or no value."

4,11/17/2008 1:37:00 PM,"I don't feel there's any point to the EPDP. It's just something that needs to be done once a year and takes up time that neither my supervisor nor myself have to be wasting. It's also very subjective. We had an employee come into our area that had Outstanding rating from her previous supervisor and she was a nightmare. From comments she made while she was in our department, her previous supervisor didn't trust her to do her job either but still gave her an outstanding. Also, unless you get an unsatisfactory, there's no reason to try for anything more. We don't get any pay raises based on our performance so there's really no incentive to do better than your own work ethic. If you have a good work ethic, you're going to do a good job anyway. If there are things you need to do differently, saving them up for a once a year review is not the most effective way to supervise. Problems should be and usually are addressed when the problem shows itself."

5,11/17/2008 1:37:00 PM,"I feel that we all work fairly and just as hard as the next person if not then the supervisor should take the appropriate action. I feel that this EPDP is a way special employee's get a bonus while the rest of us get left out. I feel that this process should be done away with."

6,11/17/2008 1:37:00 PM,"It is a tool to see if an employee is trying their best."

7,11/17/2008 1:40:00 PM,"I would prefer a pass/fail type system (Unsatisfactory/Satisfactory). Additional, much more descriptive assessments of the employee's performance could be included with an attached narrative."

8,11/17/2008 1:41:00 PM,"To get an outstanding rating it requires prior approval. I don't think that makes any sense. If someone deserves an outstanding rating it should be given."

9,11/17/2008 1:41:00 PM,"Supervisors do not feel comfortable giving an Outstanding rating because prior approval must be obtained."

10,11/17/2008 1:41:00 PM,"The five categories are distinctively different in definition and expectation, and provide reasonable options for the supervisor/rater. Also important to have this number for a pyramidal-effect and a midpoint."

11,11/17/2008 1:44:00 PM,"Why? Because it covers all of your ability to do or not to do."

12,11/17/2008 1:49:00 PM,"No one is allowed to use ""Outstanding"" and basically I believe the EPDP is more of a formality than a true indication of someone's value to the Agency. The supervisor might as well just put all ""4s"" as the point system and move on to their next project. No one takes the EPDP seriously and just does it because they have to. Get it over with, in other words. DHEC needs to find a way to pay their people."

13,11/17/2008 2:14:00 PM,"Even if we did not have the point system the five categories pretty much say it all."

14,11/17/2008 2:34:00 PM,"Unsatisfactory- keep. Marginal keep. Effective- By definition is ""fully meets standards and expectations. But, effective connotes working at a level ""less than"" the definition. ""Meets"" or ""Fully meets"" is a better word for this category. Commendable also does not give the impression that the level of work is at the "Exceeds" category. "Exceeds" is a better word. Outstanding - keep."

15,11/17/2008 2:47:00 PM,"It works well with my staff."

16,11/17/2008 2:47:00 PM,"It works well with my staff."

17,11/17/2008 2:54:00 PM,"Because it does not matter how well you are doing your job or how much you go above and beyond your job duties you can never score outstanding"

18,11/17/2008 4:18:00 PM,"The rating was much better when using the old evaluation sheet. I think the evaluation rating can be intimidating."

19,11/17/2008 4:27:00 PM,"Was told by a former supervisor that she would be questioned if she gave a rating higher than ""effective""."

20,11/17/2008 5:24:00 PM,"They work."

21,11/17/2008 5:26:00 PM,"Rating categories gives you good range of evaluation - but rating score system is not as effective and accurate."

22,11/17/2008 6:19:00 PM,"The 5 current categories seem to adequately define the employee's performance"

23,11/17/2008 7:32:00 PM,"This is helpful to know overall how well one is doing their job."

24,11/17/2008 9:16:00 PM,"It appears team wok and customer service is repeate in Agency Values and Performance Characteristics."									
25,11/17/2008 10:00:00 PM,"Why have outstanding?????? Supervisors have such a hard time explaining their selves for this to be approved....just easier to get effective or commendable. Have heard from some employees that their supervisor has told them no one ever gets a outstanding!!!! Again the purpose?????? Also there are no raises so why have anything but ""does not meet, and meets requirements of your job"". For the 33 years I have been here, I still say they are a waste of time!!!!!!!!!!!!!"									
26,11/18/2008 2:17:00 PM,"Just reading a statement like ""effective"" or ""commendable"" does not do much for the employee. A supervisor should take this time to personally say what they appreciate about the employee. This should be a time that the supervisor could personally thank the employee for some specific things that they are doing."									
27,11/18/2008 3:35:00 PM,"I am not sure. I do not understand what someone has to do to receive the outstanding rating now and when you do finally achieve that rating is there ever any chance of a change in your earnings? When I first came here to work, I was given the highest rating which had to be approved by the Administrator at two separate times. Both times I was told that there was no money in the budget for a salary increase."									
28,11/18/2008 6:53:00 PM,"The catagories advise of what we as staff are doing."									
29,11/18/2008 7:54:00 PM,"5 options give you the chance to rank better or worse than average, with two more extremes for stronger statements."									
30,11/19/2008 5:54:00 PM,"It does give the employee picture of the category they fall in, thereby, allowing the opportunity for improvement if needed or desired."									
31,11/19/2008 8:12:00 PM,"great feedback for the employee/supervisor"									
32,11/19/2008 9:11:00 PM,"When budget constraints disallow use of outstanding. Or if they are limited for reasons OTHER than employee performance, they categories lose effectiveness both for rating and motivation of employees."									
33,11/20/2008 2:12:00 PM,"No one can get outstanding with out approval. The supervisor should have the right and authority to give an entity outstanding. It should be accepted depending on how many years that entity has been with the agency. Each entity has extra duties added because of be short staff."									
34,11/20/2008 2:17:00 PM,"These are your basic categories in which to base performance on."									
35,11/20/2008 2:24:00 PM,"MORE WEIGHT ON ATTENDANCE, PUNCTUALITY & TEAMWORK"									
36,11/20/2008 2:41:00 PM,"A io point sysyem would fit better. 0 to 100%"									
37,11/20/2008 2:51:00 PM,"too many categories - satisfactory or poor"									
38,11/20/2008 2:56:00 PM,"I think these categories accurately describe all possible stages an employee's performance could fall under."									
39,11/20/2008 3:11:00 PM,"I am sastified with the five rating categories. However, why is it almost impossible for an employee to receive an outstanding rating? There are many workers who probably go above and beyond their job descriptions, taking the initiative when needed, etc. I have yet to see anyone who has received that rating. Maybe the standards are set too high. I think that may be a little more of an encouragement and incentive for employees to strive harder, if you feel that you have a chance of actually scoring that high rating. if you know that the highest rating you will ever receive is commendable, no matter what you do, it doesn't give you much to look forward to. Second, I think that I do much more than commendable work. If I go home and constantly think about my job, what things I have left to complete, etc. Also, I take my rater's comments very seriously and respond to the feedback and strive to add those qualities, so by the next evaluation those tasks would have been completed."									
40,11/20/2008 3:13:00 PM,"I feel including Unsatisfactory included as an option lowers the expectation level for employees. It makes it somewhat acceptable to perform in an unsatisfactory manner."									
41,11/20/2008 3:26:00 PM,"Why change, these are sufficient."									
42,11/20/2008 3:34:00 PM,"Those five categories seem to cover a wide enough span to include the poorest performer to the best."									
43,11/20/2008 3:47:00 PM,"Have not seen anything better but open to it"									
44,11/20/2008 4:09:00 PM,"I don't see what difference it makes. If would make a difference if there were advantages to getting an outstanding rating. But there isn't."									
45,11/20/2008 4:10:00 PM,"The rating categories seem to be fair, no suggestions in this area for change."									
46,11/20/2008 4:28:00 PM,"It is fair and to the point"									
47,11/20/2008 4:45:00 PM,"Provides an adequate range for rating employee."									
48,11/20/2008 6:09:00 PM,"I believe if you are doing well without opportunity to show skills in other areas then you should be rated on your performance at the									

job that is available to you."									
49,11/20/2008 6:29:00 PM,"Most Supervisors do not like the new EPDP. Personally I feel that there is MUCH room for ""Falling through the Cracks"" between Effective, & Commendable. It seems like a robotic system when reviewing real people. Just a computer program. Check yes or no system."									
50,11/21/2008 1:36:00 PM,"HTey best summarize performance."									
51,11/21/2008 2:52:00 PM,"IT REALLY DOESN'T MATTER HOW GOOD YOU DO YOUR JOB , YOU WILL ALWAYS GET COMMENDABLE . WHEN THEY'RE PEOPLE THAT ARE NOT THAT DEDICATED, STILL GET THE SAME RATING.."									
52,11/21/2008 8:28:00 PM,"categories are fair"									

Appendix N

#	Class	Volume			Contents			Training & Development			Employee Feedback			Region IAPT			Comments
		U	A	E	U	A	E	U	A	E	U	A	E	U	A	E	
1	AA50		x				x			x			x		x		IAPT referred to in Part IV
2	AA75			x		x			x			x		x			Part III specific;No IAPT
3	EA30			x			x			x	x			x			Part III specific;No IAPT
4	NRTIII	x			x				x		x			x			No IAPT
5	AA50	x					x		x				x		x		IAPT referred to in Part IV
6	EC10	x					x	x			x			x			Part III vague;No IAPT
7	AA50		x				x			x			x			x	IAPT attached & referred to in Part IV
8	AA50	x					x	x				x			x		Part III blank;IAPT Referred to in Part IV
9	AA75			x		x			x				x		x		IAPT referred to in Part IV
10	EA20	x					x	x			x			x			Part III vague;No IAPT
11	EA30		x				x		x		x			x			Part III specific;No IAPT
12	EB25	x					x			x	x			x			Part III specific;No IAPT
13	AA50	x					x	x			x			x			Part III vague;No IAPT
14	GA20	x					x		x				x	x			Part III specific;NoIAPT
15	AA50	x					x	x				x			x		Part III blank;IAPT Referred to in Part IV
16	AA50	x				x			x				x	x			Part III specific;No IAPT
17	AH35			x			x		x				x	x			Part III specific;No IAPT
18	KB50		x				x			x			x			x	IAPT attached
19	GB65		x				x		x		x					x	IAPT attached
20	AA75		x				x			x			x	x			Part III specific;No IAPT
21	EA20		x				x			x	x			x			Part III specific;No IAPT
22	AA50	x					x	x				x			x		Part III blank;IAPT Referred to in Part IV
23	AA50	x			x			x			x			x			Part III blank;No IAPT
24	AA50		x				x		x			x			x		Part III specific;IAPT referred to in Part IV
25	AH35	x			x				x		x			x			Part III vague;No IAPT
26	AD03		x				x	x			x			x			Part III vague;No IAPT
27	EA20	x					x			x	x			x			Part III specific;No IAPT
28	EA30	x					x			x			x	x			Part III specific;No IAPT
29	GA40	x					x		x			x		x			Part III specific;No IAPT
30	ED40		x				x	x				x		x			Part III blank;No IAPT
31	AA50	x			x				x		x			x			Part III specific;No IAPT
32	EA50			x			x			x			x	x			Part III specific;No IAPT
33	EA20			x			x		x		x			x			Part III specific;No IAPT
34	AA50		x				x		x			x			x		IAPT referred to in Part IV
35	KB40	x					x			x			x			x	IAPT attached & referred to in Part IV
36	EB96			x			x			x			x			x	IAPT attached
37	EA30		x				x			x	x			x			Part III specific;No IAPT
38	JB40	x			x			x			x			x			No Part III or IV; No IAPT
39	EB05	x					x			x	x			x			Part III specific;No IAPT
40	AA50	x			x				x				x	x			Part III specific;No IAPT
	Total	21	12	7	6	3	31	10	16	14	18	8	14	27	8	5	
	%	52.5	30	17.5	15	7.5	77.5	25	40	35	45	20	35	67.5	20	12.5	

Volume count based each job duty and narrative. Ie. If 100 words total and four job duties=25 words for each and unacceptable score.